Image# 14978421262 PAGE 1 / 104

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or other man i	All Authorized	7 00111111111			Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	g, type	12FE4M5	
OMNICARE, INC. POL	ITICAL ACTIC	ON COMMIT	TEE			
ADDRESS (number and street)	900 OMNICARE C	ENTER				
Check if different	201 E FOURTH ST	TREET			<u> </u>	
than previously reported. (ACC)	CINCINNATI				OH [	45202
2. FEC IDENTIFICATION NU	MBER ▼	CITY ▲			STATE A	ZIP CODE ▲
C C00392886		3. IS THIS REPORT	\ <u>\</u>	EW N) <b>OR</b>	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due on.	Mar 20 (M3)		un 20 (M6)	H	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1	1) (2) 12.7	Apr 20 (M4)		ul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	(c) 12-Day PRE-Ele Report f		Primary (12P Convention (		General (	
Cottober 15 Quarterly Report (Q3)	·	or trie.	Convention (	120)	Special (	120)
January 31 Year-End Report (YE	<u> </u>	Election on	M   M /	D D /	Y   Y   Y   Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-E Report f		General (30G	)	Runoff (3	0R) Special (30S)
Termination Report (TER)	l loport	Election on	M = M /	D D /	Y	in the State of
5. Covering Period 07	/ D D / Y	2014	through	M M M 09	30 /	2014
I certify that I have examined this	s Report and to the	e best of my kno	wledge and b	elief it is tru	e, correct and	complete.
Type or Print Name of Treasurer	Donna E Lecky					
Signature of Treasurer Donna	ı E Lecky		[Electronically	Filed]	ate 10	/ 16 / Y Y Y Y Y Y 2014
NOTE: Submission of false, errone	ous, or incomplete in	nformation may su	bject the pers	on signing th	is Report to th	e 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: 07 01 2014 To: 09 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 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
Total Disbursements (from Line 31)	424.45	25093.26
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	96747.66	96747.66
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	January 1, 2014  (b) Cash on Hand at Beginning of Reporting Period	(a) Cash on Hand January 1, 2014  (b) Cash on Hand at Beginning of Reporting Period

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

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### OMNICARE, INC. POLITICAL ACTION COMMITTEE

	COLUMN A			
I. Receipts	COLUMN B Calendar Year-to-Date			
	8888 00	20981.08		
(i) Itemized (use Schedule A)	5555.55	20001.00		
(ii) Unitemized	2350.00	16521.40		
Lines 11(a)(i) and (ii)	11236.00	37502.48		
Political Party Committees	0.00	0.00		
Other Political Committees (such as PACs)	0.00	0.00		
Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11236.00	37502.48		
	0.00	0.00		
Loans Received	0.00	0.00		
n Repayments Received	0.00	0.00		
1 1				
· · · · · · · · · · · · · · · · · · ·	0.00	0.00		
unds of Contributions Made				
Federal Candidates and Other				
itical Committees	0.00	0.00		
er Federal Receipts				
vidends, Interest, etc.)	0.00	0.00		
nsfers from Non-Federal and Levin Funds				
Non-Federal Account				
(from Schedule H3)	0.00	0.00		
_				
Levin Funds (from Schedule H5)	0.00	0.00		
Total Transfers (add 18(a) and 18(b))	0.00	0.00		
	Political Party Committees	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		

#### **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		Juichau Tear-to-Date
Activity (from Schedule H4)	000	0.00
(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
Transfers to Affiliated/Other Party		7 7 7
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	24000.00
Independent Expenditures	0.00	0.00
(use Schedule E)	7 7 7	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(222	7	7
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	424.45	852.97
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	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	424.45	25093.26
Total Federal Disbursements		
	424 4E	25093.26
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	424.45	25093

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

TEO TOTAL SX (Nev. 02/2005)		i age <b>3</b>
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	11236.00	37502.48
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11236.00	37502.48
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	240.29
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	240.29

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Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center	Ctata 7 0 1	07 03 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8120  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15.00
Name of Employer  Omnicare, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  210.00	
Full Name (Last, First, Middle Initial)  Charles Agonis		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.	State Zip Code OH 45202  C Occupation Pharmacy General Manager	07 18 2014  Transaction ID : SA11AI.8121  Amount of Each Receipt this Period  15.00
Receipt For: Primary General Other (specify)	Pharmacy General Manager  Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Charles Agonis  Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati	State Zip Code OH 45202	Date of Receipt  08 01 2014  Transaction ID: SA11AI.8122  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer  Omnicare, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  240.00	
SUBTOTAL of Receipts This Page (optional)		45.00
TOTAL This Period (last page this line number of		

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. Charles Agonis  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  255.00	Date of Receipt  08 15 2014  Transaction ID: SA11AI.8123  Amount of Each Receipt this Period  15.00
Full Name (Last, First, Middle Initial)  Charles Agonis  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)   Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  270.00	Date of Receipt  08 29 2014  Transaction ID: SA11AI.8124  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Charles Agonis  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary Other (specify)   Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  285.00	Date of Receipt  09 12 2014  Transaction ID: SA11AI.8125  Amount of Each Receipt this Period  15.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	45.00

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			13		14		15	16	6	17

	Statements may not be sold or used by any pers e name and address of any political committee to	
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  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  300.00	Date of Receipt  99 26 2014  Transaction ID : SA11AI.8126  Amount of Each Receipt this Period
Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  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)  Todd Anderson  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  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)	

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

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	_ ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  1. Todd Anderson		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8129
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial)  Todd Anderson		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	08 15 2014
Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8130
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	
Full Name (Last, First, Middle Initial)  C. Todd Anderson		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8131
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line numb	er only)	

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Todd Anderson Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 City Zip Code State Transaction ID: SA11AI.8132 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) B. Todd Anderson Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 09 26 2014 City State Zip Code Transaction ID: SA11AI.8133 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael J Arnold Date of Receipt Mailing Address 201 E. Fourth Street 03 07 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8134 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP, Sales and Marketing Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Michael J Arnold  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary General  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation VP, Sales and Marketing  Aggregate Year-to-Date ▼  600.00	Date of Receipt  07 18 2014  Transaction ID: SA11AI.8135  Amount of Each Receipt this Period  40.00
Michael J Arnold  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45202  C  Occupation VP, Sales and Marketing  Aggregate Year-to-Date ▼  640.00	Date of Receipt  08 01 2014  Transaction ID : SA11AI.8136  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial)  Darold R Barnes  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Regional Service Area Director  Aggregate Year-to-Date ▼  560.00	Date of Receipt  M M M / D O J 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	er only)	

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	the name and address of any political committee to	
OMNICARE, INC. POLITICA	L ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Darold R Barnes  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)  Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation Regional Service Area Director  Aggregate Year-to-Date ▼  600.00	Date of Receipt  07
Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For:  Primary General Other (specify) ▼	State Zip Code OH 45202  C  Occupation Regional Service Area Director  Aggregate Year-to-Date ▼  640.00	Date of Receipt  08 01 2014  Transaction ID: SA11AI.8139  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial)  Darold R Barnes  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Regional Service Area Director  Aggregate Year-to-Date ▼  680.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional	)	120.00
TOTAL This Period (last page this line num	ber only)	

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

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14 13 15 16 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) Darold R Barnes Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 29 City Zip Code State Transaction ID: SA11AI.8141 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Regional Service Area Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) B. Darold R Barnes Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 09 2014 12 City State Zip Code Transaction ID: SA11AI.8142 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Service Area Director Receipt For: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify) Full Name (Last, First, Middle Initial) c. Darold R Barnes Date of Receipt

Mailing Address 201 E. Fourth Street 26 2014 09 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8143 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Name of Employer Occupation Regional Service Area Director Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)				7	Ξ	I	7	I	12	0.00	
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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.

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. Alan R Bell		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8144  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation Sr. Director, Clinical Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  280.00	
Full Name (Last, First, Middle Initial)  Alan R Bell  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City	State Zip Code	Date of Receipt  O7 18 2014
Cincinnati  FEC ID number of contributing	OH 45202	Transaction ID : SA11AI.8145  Amount of Each Receipt this Period
federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation Sr. Director, Clinical Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  Alan R Bell		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8146  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  Other (specify)	Occupation Sr. Director, Clinical Services  Aggregate Year-to-Date ▼  320.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line numb	er orny)	

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICA	g the name and address of any political committee  AL ACTION COMMITTEE	to consider the first open sometimes.
Full Name (Last, First, Middle Initial) Alan R Bell		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	2011	08 15 2014
City	State Zip Code OH 45202	Transaction ID : SA11AI.8147
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	340.00	
Full Name (Last, First, Middle Initial)  Alan R Bell		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	77. 0. 1	08 29 2014
City	State Zip Code	Transaction ID : SA11AI.8148
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.8149
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify) ▼	380.00	
SUBTOTAL of Receipts This Page (options	al)	60.00
TOTAL This Period (last page this line nur	nber only)	

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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

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 26 2014
City	State Zip Code	Transaction ID : SA11AI.8150
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
Omnicare, Inc.	Sr. Director, Clinical Services	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Jonathan D Borman  Mailing Address 201 E. Fourth Street 900 Omnicare Center		Date of Receipt  07 03 2014
City	State Zip Code	Transaction ID : SA11AI.8151
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	1
Omnicare, Inc.	VP, Strategic Sourcing	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  210.00	
Full Name (Last, First, Middle Initial)  Jonathan D Borman		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 18 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.8152
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	1
Omnicare, Inc.	VP, Strategic Sourcing	1
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optional)		50.00
TOTAL This Period (last page this line number	r only)	

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A 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) Jonathan D Borman Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 01 2014 City Zip Code State Transaction ID: SA11AI.8153 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Name of Employer Occupation VP, Strategic Sourcing Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jonathan D Borman Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 80 15 2014 City State Zip Code Transaction ID: SA11AI.8154 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Strategic Sourcing Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jonathan D Borman Date of Receipt Mailing Address 201 E. Fourth Street 80 29 2014 900 Omnicare Center City State Zip Code Transaction ID: SA11AI.8155 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 15.00 С federal political committee. Name of Employer Occupation VP, Strategic Sourcing Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL		S SOLOR COMMISSIONS NOW SUCH COMMISSIONS.
Full Name (Last, First, Middle Initial)  Jonathan D Borman  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 45202  C  Occupation VP, Strategic Sourcing  Aggregate Year-to-Date ▼  285.00	Date of Receipt  99 12 2014  Transaction ID: SA11AI.8156  Amount of Each Receipt this Period  15.00
Full Name (Last, First, Middle Initial)  Jonathan D Borman  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)	State Zip Code OH 45202  C  Occupation VP, Strategic Sourcing  Aggregate Year-to-Date ▼  300.00	Date of Receipt  09 26 2014  Transaction ID: SA11Al.8157  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Barry R Bress  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)   General	State Zip Code OH 45202  C  Occupation VP, Retail Pharmacy Operations  Aggregate Year-to-Date ▼  280.00	Date of Receipt  07 03 2014  Transaction ID: SA11Al.8165  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	50.00

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for each category of the Detailed Summary Page 14 13 15 16 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) Barry R Bress Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 29 City Zip Code State Transaction ID: SA11AI.8169 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP, Retail Pharmacy Operations Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barry R Bress Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 09 12 2014 City State Zip Code Transaction ID: SA11AI.8170 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Retail Pharmacy Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) c. Barry R Bress Date of Receipt Mailing Address 201 E. Fourth Street 09 26 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8171 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP, Retail Pharmacy Operations Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Mark P Celebre  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For: Primary Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation Regional Customer Service Director  Aggregate Year-to-Date ▼  280.00	Date of Receipt  M M O O O O O O O O O O O O O O O O O
Mark P Celebre  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For:  Primary General Other (specify) ▼	State Zip Code OH 45202  C  Occupation Regional Customer Service Director  Aggregate Year-to-Date ▼  300.00	Date of Receipt  07 18 2014  Transaction ID: SA11AI.8180  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Mark P Celebre  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation Regional Customer Service Director  Aggregate Year-to-Date ▼  320.00	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	60.00
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Mark P Celebre Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 City Zip Code State Transaction ID: SA11AI.8182 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Regional Customer Service Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark P Celebre Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 08 29 2014 City State Zip Code Transaction ID: SA11AI.8183 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Customer Service Director Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark P Celebre Date of Receipt Mailing Address 201 E. Fourth Street 09 12 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8184 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Customer Service Director Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Mark P Celebre Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 26 City Zip Code State Transaction ID: SA11AI.8185 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Regional Customer Service Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy T Colvin Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 03 2014 City State Zip Code Transaction ID: SA11AI.8186 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, LTC Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy T Colvin Date of Receipt Mailing Address 201 E. Fourth Street 07 18 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8187 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP, LTC Sales Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Ar 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) Jeremy T Colvin Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 City Zip Code State Transaction ID: SA11AI.8191 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP, LTC Sales Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy T Colvin Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 09 26 2014 City State Zip Code Transaction ID: SA11AI.8192 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, LTC Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. William S Douglas Date of Receipt Mailing Address 201 E. Fourth Street 03 07 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8207 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE		
Full Name (Last, First, Middle Initial)  Robert E Dries  Mailing Address 201 E. Fourth Street	Date of Receipt		
900 Omnicare Center	7'- 0-1	07 18 2014	
City	State Zip Code OH 45202	Transaction ID : SA11AI.8211	
Cincinnati	OH 45202	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	100.00	
Name of Employer	Occupation		
Omnicare, Inc.	SVP, Financial Operation-LTC		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General  Other (specify) ▼	1500.00		
Full Name (Last, First, Middle Initial)  3. Robert E Dries		Date of Receipt	
Mailing Address 201 E. Fourth Street	M   M   / D   D   / Y   Y   Y   Y		
900 Omnicare Center City	08 01 2014 Transport on ID 2014		
Cincinnati	Transaction ID : SA11AI.8212  Amount of Each Receipt this Period		
	OH 45202	Amount of Each neceipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer	Occupation		
Omnicare, Inc.	SVP, Financial Operation-LTC		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00		
Full Name (Last, First, Middle Initial)  C. Robert E Dries		Date of Receipt	
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code OH 45202	Transaction ID : SA11AI.8213	
Cincinnati	40202	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	50.00	
Name of Employer	Occupation		
Omnicare, Inc.	SVP, Financial Operation-LTC		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General  Other (specify) ▼	1650.00		
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	250.00	
TOTAL This Period (last page this line number of	only)		

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Mailing Address 201 E. Fourth Street 900 Omnicare Center  City State Zip Code OH 45202  A  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ 1700.00  Full Name (Last, First, Middle Initial) Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center City State Zip Code OH 45202  A  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify) ▼ 1750.00  Full Name (Last, First, Middle Initial) Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City State Zip Code OH 45202  A  FEC ID number of contributing federal political committee.  Receipt For: Primary General Other (specify) ▼ 1750.00  Full Name (Last, First, Middle Initial) Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City State Zip Code OH 45202  A  FEC ID number of contributing federal political committee.  City State Zip Code OH 45202  A  FEC ID number of contributing federal political committee.  City State Zip Code OH 45202  A  FEC ID number of contributing federal political committee.  City State Zip Code OH 45202  A  C  Cincinnati OPeration-LTC	ate of Receipt
Other (specify) ▼  FUIL Name of Employer Omnicare Center City City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Robert E Dries Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati  FUIL Name of Employer Omnicare Center City Cincinnati  C  C  State Zip Code OH 45202  A  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center City State Zip Code OH 45202  A  FEC ID number of contributing federal political committee.  City State Zip Code OH 45202  A  FEC ID number of contributing federal political committee.  City Cincinnati City State Zip Code OH 45202  A  FEC ID number of contributing federal political committee.  City Cincinnati OH 45202  A  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  SVP, Financial Operation-LTC	M = M / D = D / Y = Y = Y
Cincinnati  Cincinnati  Cincinnati  Cincinnati  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary General Other (specify) ▼ 1700.00  Full Name (Last, First, Middle Initial)  Name of Employer  Omnicare Center  City State Zip Code OH 45202  Amailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  Cincinnati  Cincinnati  Cincinnati  Cincinnati  Cincinnati  Receipt For:  Primary General Other (specify) ▼ 1750.00  Full Name (Last, First, Middle Initial)  Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City State Zip Code OH 45202  Aggregate Year-to-Date ▼ 1750.00  Full Name (Last, First, Middle Initial)  Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City State Zip Code OH 45202  Aggregate Year-to-Date ▼ 1750.00  Full Name (Last, First, Middle Initial)  Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City State Zip Code Cincinnati  Cincinnati  Cincinnati  Cincinnati  Cincinnati  Cincinnati  Cincinnati OH 45202  Agregate Year-to-Date ▼ 1750.00	08 29 2014
FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati Occupation  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary General Occupation  SVP, Financial Operation-LTC  Aggregate Year-to-Date ▼  Curve Cincinnati Occupation  SVP, Financial Operation-LTC  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City State Zip Code  City Cincinnati State Zip Code  Cincinnati State Zip Code  Cincinnati State Zip Code  Cincinnati Occupation  SVP, Financial Operation-LTC  FEC ID number of contributing federal political committee.  Curve State Zip Code  Cincinnati Occupation  SVP, Financial Operation-LTC  City State Zip Code  Cincinnati Occupation  SVP, Financial Operation-LTC	Transaction ID : SA11AI.8214
Rederal political committee.   Name of Employer   Occupation	mount of Each Receipt this Period
Omnicare, Inc.  Receipt For:  Primary General Other (specify) ▼ 1700.00  Full Name (Last, First, Middle Initial) Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center City State Zip Code Cincinnati OH 45202  AFEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For:  Primary General Other (specify) ▼ 1750.00  Full Name (Last, First, Middle Initial) Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center City State Zip Code 1750.00  Full Name (Last, First, Middle Initial) Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center City State Zip Code OH 45202  AFEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  SVP, Financial Operation-LTC	50.00
Receipt For:	
Primary General Other (specify) ▼  In 1700.00  Full Name (Last, First, Middle Initial) Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati OH 45202  FEC ID number of contributing federal political committee.  Name of Employer Other (specify) ▼  Cupation SVP, Financial Operation-LTC  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center City State Zip Code OH 45202  A  Full Name (Last, First, Middle Initial) Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati OH 45202  A  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Occupation SVP, Financial Operation-LTC	
Primary General Other (specify) ▼  Individual Initial)  Consider the primary General Other (specify) ▼  Individual Initial)  Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City State Zip Code OH 45202  A  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify) ▼  Intitial)  Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City State Zip Code OH 45202  A  FUII Name (Last, First, Middle Initial)  Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City State Zip Code OH 45202  A  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Occupation SVP, Financial Operation-LTC	
Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)  Full Name (Last, First, Middle Initial) Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City City Cincinnati  Full Name (Last, First, Middle Initial)  Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  OH 45202  A  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  SVP, Financial Operation-LTC  Occupation SVP, Financial Operation-LTC	
Mailing Address 201 E. Fourth Street 900 Omnicare Center  City  Cincinnati  C	late of Bossint
Oity Cincinnati  City State Zip Code OH 45202  A FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  C  State Zip Code OH 45202  A  FEC ID number of contributing federal political committee.  City Cincinnati  C  C  C  C  C  C  C  C  C  C  C  C  C	ate of Receipt
City Cincinnati	09 12 _2014 _
Cincinnati  Cinci	09 12 2014 Transaction ID : SA11AI.8215
FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Civing State Zip Code OH 45202  A  Cincinnati  Cincinnat	mount of Each Receipt this Period
Omnicare, Inc.  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) 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.  Name of Employer Omnicare, Inc.  SVP, Financial Operation-LTC	50.00
Omnicare, Inc.  Receipt For: Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Robert E Dries  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  SVP, Financial Operation-LTC  Aggregate Year-to-Date ▼  1750.00  Total Trong State Vear-to-Date ▼  1750.00  Aggregate Year-to-Date ▼  1750.00  City State Zip Code OH 45202  A  C  C  SVP, Financial Operation-LTC	
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) 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.  Name of Employer Omnicare, Inc.  SVP, Financial Operation-LTC	
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) 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.  Name of Employer Omnicare, Inc.  Syp, Financial Operation-LTC	
Full Name (Last, First, Middle Initial) 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.  Name of Employer Omnicare, Inc.  SVP, Financial Operation-LTC	
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.  Name of Employer Omnicare, Inc.  SVP, Financial Operation-LTC	
Mailing Address 201 E. Fourth Street 900 Omnicare Center  City State Zip Code Cincinnati OH 45202  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  SVP, Financial Operation-LTC	ate of Receipt
Omnicare Center  City State Zip Code  Cincinnati OH 45202  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  SVP, Financial Operation-LTC	ate of Receipt
City State Zip Code Cincinnati OH 45202  FEC ID number of contributing federal political committee.  Name of Employer Occupation Omnicare, Inc.  State Zip Code A  C  A  SVP, Financial Operation-LTC	09 26 2014
Cincinnati OH 45202  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc. OH 45202  A  C  SVP, Financial Operation-LTC	Transaction ID : SA11AI.8216
FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Occupation  SVP, Financial Operation-LTC	mount of Each Receipt this Period
Omnicare, Inc. SVP, Financial Operation-LTC	50.00
Omnicare, Inc. SVP, Financial Operation-LTC	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 1800.00	
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Brian W Egan  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  280.00	Date of Receipt  07 03 2014  Transaction ID: SA11AI.8217  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Brian W Egan  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  300.00	Date of Receipt  07  18  2014  Transaction ID: SA11AI.8218  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Brian W Egan  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  320.00	Date of Receipt  08 01 2014  Transaction ID: SA11AI.8219  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	60.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	_ ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Brian W Egan  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  340.00	Date of Receipt    M
Brian W Egan  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For:  Primary General Other (specify) ▼	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  360.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Brian W Egan  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  380.00	Date of Receipt    M
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Brian W Egan  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code OH 45202  C Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼ 400.00	Date of Receipt  99 26 2014  Transaction ID : SA11AI.8223  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  W Erwin  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation SVP, Clinical Services  Aggregate Year-to-Date ▼  1400.00	Date of Receipt  07 03 2014  Transaction ID: SA11AI.8224  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  W Erwin  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation SVP, Clinical Services  Aggregate Year-to-Date ▼ 1500.00	Date of Receipt    Mark   Dark   2014     Transaction ID : SA11AI.8225     Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		220.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  W Erwin		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	7. 2.	08 01 2014 _
City	State Zip Code	Transaction ID : SA11AI.8226
Cincinnati	OH 45202	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	+
Omnicare, Inc.	SVP, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify) ▼	1600.00	
Full Name (Last, First, Middle Initial)  3. W Erwin	Date of Receipt	
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.8227
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Omnicare, Inc.	SVP, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1700.00	
Full Name (Last, First, Middle Initial)	ı	Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 29 2014
City	State Zip Code	Transaction ID : SA11AI.8228
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	+
Omnicare, Inc.	SVP, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	1800.00	
SUBTOTAL of Receipts This Page (optional	al)	300.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) W Erwin		Date of Receipt
Mailing Address 201 E. Fourth Street  900 Omnicare Center		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.8229
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Omnicare, Inc.	SVP, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1900.00	
Full Name (Last, First, Middle Initial)  W Erwin	Date of Receipt	
Mailing Address 201 E. Fourth Street	00 00 00 00 00 00 00 00 00 00 00 00 00	
900 Omnicare Center City	State Zip Code	09 26 2014 Transport of the Control
Cincinnati	OH 45202	Transaction ID : SA11AI.8230
_	70202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Omnicare, Inc.	SVP, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)  2. James G Flood		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8238
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2688.00	
SUBTOTAL of Receipts This Page (optional)		392.00
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  James G Flood  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation VP, Government Affairs  Aggregate Year-to-Date ▼  2880.00	Date of Receipt  M M M / 18 2014  Transaction ID: SA11AI.8239  Amount of Each Receipt this Period  192.00
Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify) ▼	State Zip Code OH 45202  C  Occupation VP, Government Affairs  Aggregate Year-to-Date ▼  3072.00	Date of Receipt  M M CONTROL OF TRANSACTION ID: SA11AI.8240  Amount of Each Receipt this Period  192.00
Full Name (Last, First, Middle Initial)  Robert Foley  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  280.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Robert Foley Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 18 City Zip Code State Transaction ID: SA11AI.8242 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Foley Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 80 01 2014 City State Zip Code Transaction ID: SA11AI.8243 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert Foley Date of Receipt Mailing Address 201 E. Fourth Street 2014 80 15 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8244 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Pharmacy General Manager Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify)

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  A. Robert Foley		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 29 2014
City	State Zip Code	Transaction ID : SA11AI.8245
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 -5	
Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial)  Robert Foley		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	09 12 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.8246
	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial)  C. Robert Foley		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 26 2014
City	State Zip Code	Transaction ID : SA11AI.8247
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  A. Steven Gates  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General	State Zip Code OH 45202  C Occupation Sr. Director, FP&A Group  Aggregate Year-to-Date ▼	Date of Receipt  07 03 2014  Transaction ID : SA11AI.8248  Amount of Each Receipt this Period  20.00
Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial)  Steven Gates  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Sr. Director, FP&A Group  Aggregate Year-to-Date ▼  300.00	Date of Receipt  O7 18 2014  Transaction ID: SA11AI.8249  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Steven Gates  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Sr. Director, FP&A Group  Aggregate Year-to-Date ▼  320.00	Date of Receipt  08 01 2014  Transaction ID: SA11AI.8250  Amount of Each Receipt this Period  20.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Steven Gates		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8251
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, FP&A Group	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	340.00	
Full Name (Last, First, Middle Initial)  Steven Gates		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	08 29 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.8252
	1,5262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, FP&A Group	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial)  C. Steven Gates		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		09 12 2014
City	State Zip Code OH 45202	Transaction ID : SA11AI.8253
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, FP&A Group	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	380.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER:				PAGE	3	39	OF	104	
(check only one)									
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	statements may not be sold or used by any personant personant and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  A. Steven Gates  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation Sr. Director, FP&A Group  Aggregate Year-to-Date ▼  400.00	Date of Receipt  9 26 2014  Transaction ID: SA11AI.8254  Amount of Each Receipt this Period  20.00
Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 45202  C Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼ 280.00	Date of Receipt  07 03 2014  Transaction ID : SA11AI.8263  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Ivan Gordon  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  300.00	Date of Receipt  07
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 40 OF 104 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) Ivan Gordon Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 01 2014 City Zip Code State Transaction ID: SA11AI.8265 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ivan Gordon Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 80 15 2014 City State Zip Code Transaction ID: SA11AI.8266 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ivan Gordon Date of Receipt Mailing Address 201 E. Fourth Street 80 29 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8267 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LIN	E NUMBER	: PAGE	41 OF	104
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	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Ivan Gordon  Mailing Address 201 E. Fourth Street  900 Omnicare Center	State 7:0 Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code OH 45202	Transaction ID : SA11AI.8268
Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer	OH 45202	Amount of Each Receipt this Period  20.00
	'	
Omnicare, Inc.  Receipt For:  Primary General  Other (specify) ▼	Pharmacy General Manager  Aggregate Year-to-Date ▼  380.00	
Full Name (Last, First, Middle Initial)  3. Ivan Gordon		Date of Receipt
Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati	State Zip Code OH 45202	09 26 2014  Transaction ID : SA11Al.8269  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation Pharmacy General Manager	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) C. Terry Harris		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8277  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
Omnicare, Inc.	Sr. Director, Operations	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General  Other (specify) ▼	560.00	
SUBTOTAL of Receipts This Page (optional).	····	80.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE	NOMBER:	: PAGE	= 42 OF	104
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICA		
Full Name (Last, First, Middle Initial) Terry Harris  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City	State Zip Code	07 18 2014 Transaction ID : \$444 At 8278
Cincinnati	OH 45202	Transaction ID : SA11AI.8278  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) . Terry Harris		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	Chaha Zin Contr	08 01 2014
City	State Zip Code OH 45202	Transaction ID : SA11AI.8279
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
Omnicare, Inc.	Sr. Director, Operations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
Full Name (Last, First, Middle Initial) Terry Harris		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 15 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8280
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	, agregate tout to bate 4	
Other (specify) ▼	680.00	
SUBTOTAL of Receipts This Page (optional	11)	120.00
TOTAL This Period (last page this line num	pher only)	

FOR LINE NUMBER:				PAGE	-	43	OF	104	
(check only one)									
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or for commercial purposes, other than using the		solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE				
Full Name (Last, First, Middle Initial)  Terry Harris  Mailing Address 201 F. Fourth Street	Terry Harris				
Mailing Address 201 E. Fourth Street  900 Omnicare Center	State 7in Code	08 29 2014			
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8281			
FEC ID number of contributing federal political committee.	C 45202	Amount of Each Receipt this Period 40.00			
Name of Employer	Occupation				
Omnicare, Inc.	Sr. Director, Operations				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  720.00				
Full Name (Last, First, Middle Initial)  Terry Harris		Date of Receipt			
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y			
900 Omnicare Center	State Zin Code	09 12 2014			
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8282			
_	40202	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	40.00			
Name of Employer	Occupation				
Omnicare, Inc.	Sr. Director, Operations				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00				
Full Name (Last, First, Middle Initial)  C. Terry Harris		Date of Receipt			
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 26 2014			
City	State Zip Code	Transaction ID : SA11AI.8283			
Cincinnati	OH 45202	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	40.00			
Name of Employer	Occupation				
Omnicare, Inc.	Sr. Director, Operations				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	800.00				
SUBTOTAL of Receipts This Page (optional)		120.00			
TOTAL This Period (last page this line number of	·				

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

FOR LINE NUMBER:				PAGE	 14 OF	•	104	
	(check only one)							
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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

	the name and address of any political committee to			
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	_ ACTION COMMITTEE			
Full Name (Last, First, Middle Initial)  A. Hal Henderson		Date of Receipt		
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 _ 2014 _		
City	State Zip Code	Transaction ID : SA11AI.8284		
Cincinnati	OH 45202	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer	Occupation			
Omnicare, Inc.	Regional Vice President			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼			
Full Name (Last, First, Middle Initial)  Hal Henderson  Mailing Address 201 E. Fourth Street 900 Omnicare Center	Date of Receipt  07 18 _2014 _			
City				
Cincinnati	OH 45202	Transaction ID : SA11AI.8285  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.00		
Name of Employer	Occupation			
Omnicare, Inc.	Regional Vice President			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00			
Full Name (Last, First, Middle Initial)  L Hal Henderson		Date of Receipt		
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8286  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer	Occupation			
Omnicare, Inc.	Regional Vice President			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	800.00			
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	150.00		
TOTAL This Period (last page this line numb	er only)			

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

FOR LINE NUMBER:				PAGE	_ 4	45	OF	104		
(check only one)										
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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

	the name and address of any political committee to		
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE		
Full Name (Last, First, Middle Initial)  A. Hal Henderson		Date of Receipt	
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 15 _ 2014 _	
City	State Zip Code	Transaction ID : SA11AI.8287	
Cincinnati	OH 45202	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	50.00	
Name of Employer	Occupation		
Omnicare, Inc.	Regional Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	850.00		
Full Name (Last, First, Middle Initial)  Hal Henderson		Date of Receipt	
	Mailing Address 201 E. Fourth Street		
900 Omnicare Center	State 7in Code	08 29 2014	
Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8288	
Cincinnati	OH 45202	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	50.00	
Name of Employer	Occupation		
Omnicare, Inc.	Regional Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General  Other (specify) ▼	900.00		
Full Name (Last, First, Middle Initial)  C. Hal Henderson		Date of Receipt	
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : SA11AI.8289	
Cincinnati	OH 45202	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00	
Name of Employer	Occupation		
Omnicare, Inc.	Regional Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General	00 0		
Other (specify) ▼	950.00		
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	150.00	
TOTAL This Period (last page this line number	er only)		

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for each category of the 12 Detailed Summary Page 13 14 15 16 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				
Full Name (Last, First, Middle Initial)  1. Hal Henderson		Date of Receipt		
Mailing Address 201 E. Fourth Street  900 Omnicare Center City	900 Omnicare Center			
Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8290  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.00		
Name of Employer Omnicare, Inc.	Occupation Regional Vice President			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial)  Klaus M Hieber  Mailing Address 201 E. Fourth Street	Date of Receipt			
900 Omnicare Center City Cincinnati	State Zip Code OH 45202	07 03 2014  Transaction ID : SA11AI.8291  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	20.00		
Name of Employer Omnicare, Inc.	Occupation VP & GM PBM Plus			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  280.00			
Full Name (Last, First, Middle Initial)  C. Klaus M Hieber		Date of Receipt		
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 18 2014		
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8292  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	20.00		
Name of Employer  Omnicare, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation VP & GM PBM Plus  Aggregate Year-to-Date ▼  300.00			
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	90.00		
TOTAL This Period (last page this line numb	er only)			

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	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Klaus M Hieber  Mailing Address 204 F. Fauth Street		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 01 2014
City	State Zip Code	Transaction ID : SA11AI.8293
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP & GM PBM Plus	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 -0 10 -0 1	
Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial)  Klaus M Hieber		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.8294
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP & GM PBM Plus	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial)  C. Klaus M Hieber		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 22 2014
City	State Zip Code	Transaction ID : SA11AI.8295
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP & GM PBM Plus	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. agrogato roar-to-Date ▼	
Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	60.00
TOTAL This Period (last page this line number	only)	

#### SCHEDULE A (FEC Form 3X) 17

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FEMIZED RECEIPTS	for each category of the Detailed Summary Page	×	11a 13	11b	11c		12 16	17
ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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. Susan J Klem		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8317  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  280.00	
Full Name (Last, First, Middle Initial)  3. Susan J Klem		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 18 2014
City	State Zip Code OH 45202	Transaction ID : SA11AI.8318
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer Omnicare, Inc.	Occupation Sr. Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  C. Susan J Klem		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 01 2014
City	State Zip Code	Transaction ID : SA11AI.8319
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	-
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	320.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	60.00
TOTAL This Period (last page this line numb	er only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Susan J Klem Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 City Zip Code State Transaction ID: SA11AI.8320 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Sr. Director, Clinical Services Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan J Klem Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 08 29 2014 City State Zip Code Transaction ID: SA11AI.8321 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director, Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Susan J Klem Date of Receipt Mailing Address 201 E. Fourth Street 09 12 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8322 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director, Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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

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Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial) Susan J Klem		Date of Receipt
Mailing Address 201 E. Fourth Street  900 Omnicare Center		09 26 2014
City	State Zip Code	Transaction ID : SA11AI.8323
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  Robert O Kraft		Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y
900 Omnicare Center City	State Zip Code	07 03 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.8331  Amount of Each Receipt this Period
	10202	Amount of Lacif neceipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Omnicare, Inc.	CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1400.00	
Full Name (Last, First, Middle Initial)  C. Robert O Kraft		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 18 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8332
	43202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Omnicare, Inc.	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)		220.00
TOTAL This Period (last page this line number of	only)	

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for each category of the		<b>—</b> 1
Detailed Summary Page	X 11a 11b	11c

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(check only	one)			
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13	14	15	16	17

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  A. Robert O Kraft		Date of Receipt
Mailing Address 201 E. Fourth Street  900 Omnicare Center	State 7:- C-1-	08 01 2014
Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8333
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Omnicare, Inc.	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1600.00	
Full Name (Last, First, Middle Initial)  Robert O Kraft		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.8334
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Omnicare, Inc.	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1700.00	
Full Name (Last, First, Middle Initial)  C. Robert O Kraft		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 29 2014
City 900 Omnicare Center	State Zip Code	Transaction ID : SA11AI.8335
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Omnicare, Inc.	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1800.00	
SUBTOTAL of Receipts This Page (optional)		300.00
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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

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	_ ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  A. Robert O Kraft		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.8336
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Omnicare, Inc.	CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	
Full Name (Last, First, Middle Initial)  3. Robert O Kraft  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center	State 7:- Code	09 26 2014
Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8337
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Omnicare, Inc.	CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Donna Lecky		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8359
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	560.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	240.00
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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

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  1. Donna Lecky		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 18 2014
City	State Zip Code	Transaction ID : SA11AI.8360
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	Treasurer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  3. Donna Lecky  Mailing Address 201 E. Fourth Street  900 Omnicare Center		Date of Receipt  08 01 2014
City	State Zip Code	Transaction ID : SA11AI.8361
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	
Omnicare, Inc.	Treasurer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
Full Name (Last, First, Middle Initial)  C. Donna Lecky		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.8362
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	680.00	
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	120.00
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	statements may not be sold or used by any persolation and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Donna Lecky  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation Treasurer Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Donna Lecky  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation Treasurer  Aggregate Year-to-Date ▼ 760.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Donna Lecky  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation Treasurer  Aggregate Year-to-Date ▼  800.00	Date of Receipt  9 26 2014  Transaction ID: SA11AI.8365  Amount of Each Receipt this Period  40.00
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	120.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Michael J List  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Dispensing Pharmacist  Aggregate Year-to-Date ▼  280.00	Date of Receipt  07 03 2014  Transaction ID: SA11AI.8373  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Michael J List  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Dispensing Pharmacist  Aggregate Year-to-Date ▼  300.00	Date of Receipt  07 18 2014  Transaction ID: SA11AI.8374  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Michael J List  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Dispensing Pharmacist  Aggregate Year-to-Date ▼  320.00	Date of Receipt  08 01 2014  Transaction ID: SA11Al.8375  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	60.00

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  A. Michael J List		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.8376
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Dispensing Pharmacist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  340.00	
Full Name (Last, First, Middle Initial)  Michael J List  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City	State Zip Code	08 29 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.8377  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Dispensing Pharmacist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  360.00	
Full Name (Last, First, Middle Initial)  . Michael J List		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8378  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Dispensing Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	380.00	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	60.00
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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Michael J List  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation Dispensing Pharmacist  Aggregate Year-to-Date ▼  400.00	Date of Receipt  99 26 2014  Transaction ID: SA11AI.8379  Amount of Each Receipt this Period  20.00
Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  Other (specify) ▼	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  280.00	Date of Receipt  07 03 2014  Transaction ID : SA11AI.8380  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  John J Lockard  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  300.00	Date of Receipt  07 18 2014  Transaction ID : SA11AI.8381  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)		60.00
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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  John J Lockard  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date   320.00	Date of Receipt  M M M
Full Name (Last, First, Middle Initial)  John J Lockard  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  340.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  John J Lockard  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  360.00	Date of Receipt  M M M
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	he name and address of any political committee  ACTION COMMITTEE	to contributions non such committee.
Full Name (Last, First, Middle Initial) John J Lockard  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  380.00	Date of Receipt  99 12 2014  Transaction ID: SA11Al.8385  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  John J Lockard  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  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)  Nancy J Losben  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Chief Quality Officer  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).	<b>_</b>	60.00

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or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Nancy J Losben  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code OH 45202  C Occupation Chief Quality Officer  Aggregate Year-to-Date ▼  300.00	Date of Receipt  07 18 2014  Transaction ID: SA11AI.8388  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Nancy J Losben  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Chief Quality Officer  Aggregate Year-to-Date ▼  320.00	Date of Receipt  M M O D D O 2014  Transaction ID: SA11Al.8389  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Nancy J Losben  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Chief Quality Officer  Aggregate Year-to-Date ▼  340.00	Date of Receipt    Mark   15
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	statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Nancy J Losben  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Chief Quality Officer  Aggregate Year-to-Date   360.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Nancy J Losben  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Chief Quality Officer  Aggregate Year-to-Date ▼  380.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Nancy J Losben  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Chief Quality Officer  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Stephen J Rappa  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  270.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Stephen J Rappa  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)   Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  280.00	Date of Receipt  M M M / D J J 2014  Transaction ID: SA11AI.8479  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Stephen J Rappa  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  290.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Stephen J Rappa  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  300.00	Date of Receipt  07
Stephen J Rappa  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 310.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Stephen J Rappa  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  320.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Stephen J Rappa  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.8484
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	330.00	
Full Name (Last, First, Middle Initial)  3. Stephen J Rappa		Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y
900 Omnicare Center City	State Zip Code	08 22 2014 Transaction ID : \$A11 A1 9495
Cincinnati	OH 45202	Transaction ID : SA11AI.8485  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial)  Stephen J Rappa		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	State Zin Code	08 29 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8486  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
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	statements may not be sold or used by any persol e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Stephen J Rappa  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  360.00	Date of Receipt  M M M O 05 2014  Transaction ID: SA11AI.8487  Amount of Each Receipt this Period  10.00
Full Name (Last, First, Middle Initial)  Stephen J Rappa  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  370.00	Date of Receipt  09 12 2014  Transaction ID: SA11AI.8488  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Stephen J Rappa  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  380.00	Date of Receipt  99 19 2014  Transaction ID: SA11AI.8489  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Stephen J Rappa  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		09 26 2014
City	State Zip Code	Transaction ID : SA11AI.8490
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial)  Amy Roberts		Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y
900 Omnicare Center City	State Zip Code	07 03 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.8491
_		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sales Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  280.00	
Full Name (Last, First, Middle Initial)  Amy Roberts		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	State Zin Code	07 18 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8492
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sales Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate Tear to-Date ▼	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	····	50.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial) Amy Roberts  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City	State Zip Code	08 01 2014 Transaction ID : SA11Al.8493
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sales Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial)  3. Amy Roberts		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 15 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8494  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sales Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial)  Amy Roberts		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 29 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8495  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sales Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number of	<u>_</u>	

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	name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Amy Roberts		Date of Receipt
Mailing Address 201 E. Fourth Street  900 Omnicare Center	State 7:- Cod-	09 12 2014
City	State Zip Code OH 45202	Transaction ID : SA11AI.8496
Cincinnati	O11 45ZUZ	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sales Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial)  Amy Roberts		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		09 26 2014
City	State Zip Code	Transaction ID : SA11AI.8497
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sales Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  C. Thomas Schleigh		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 2014
City	State Zip Code	Transaction ID : SA11AI.8498
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	560.00	
SUBTOTAL of Receipts This Page (optional)		80.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Thomas Schleigh		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 18 2014
City	State Zip Code	Transaction ID : SA11AI.8499
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial)  Thomas Schleigh		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 7:- Ond-	08 01 2014
City	State Zip Code	Transaction ID : SA11AI.8500
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  640.00	
Full Name (Last, First, Middle Initial)  C. Thomas Schleigh		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.8501
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	680.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number of	only)	

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or for commercial purposes, other than using the	name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Thomas Schleigh  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center	State 7in Code	08 29 2014 Transaction ID 2014 10500
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8502
FEC ID number of contributing	C 45202	Amount of Each Receipt this Period 40.00
federal political committee.		
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	720.00	
Full Name (Last, First, Middle Initial)  3. Thomas Schleigh		Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y
900 Omnicare Center	State Zip Code	09 12 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8503
	4)ZUZ	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	760.00	
Full Name (Last, First, Middle Initial)  Thomas Schleigh		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 26 2014
City	State Zip Code	Transaction ID : SA11AI.8504
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number of	only)	

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mark Schroder  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  280.00	Date of Receipt  07 03 2014  Transaction ID: SA11AI.8505  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Mark Schroder  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  300.00	Date of Receipt  O7 18 2014  Transaction ID : SA11AI.8506  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Mark Schroder  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary Other (specify)   General	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  320.00	Date of Receipt  08 01 2014  Transaction ID: SA11Al.8507  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	60.00

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ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of	of soliciting	g contribution	s

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) Mark Schroder Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 15 City State Zip Code Transaction ID: SA11AI.8508 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP, Pharmacy Operations-LTC Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Schroder Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 08 29 2014 City State Zip Code Transaction ID: SA11AI.8509 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations-LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Schroder Date of Receipt Mailing Address 201 E. Fourth Street 09 12 2014 900 Omnicare Center City State Zip Code Transaction ID: SA11AI.8510 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP, Pharmacy Operations-LTC Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Mark Schroder Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 26 City Zip Code State Transaction ID: SA11AI.8511 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP, Pharmacy Operations-LTC Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas Jr Stieritz Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 03 2014 City State Zip Code Transaction ID: SA11AI.8526 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP & GM excelleRx Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas Jr Stieritz Date of Receipt Mailing Address 201 E. Fourth Street 07 18 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8527 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP & GM excelleRx Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Thomas Jr Stieritz  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		08 01 2014
City	State Zip Code	Transaction ID : SA11AI.8528
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP & GM excelleRx	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial)  Thomas Jr Stieritz		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	08 15 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.8529
	73202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP & GM excelleRx	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial)  Thomas Jr Stieritz		Date of Receipt
Mailing Address 201 E. Fourth Street  900 Omnicare Center	Otata Zin Ooda	08 22 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8530
	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP & GM excelleRx	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Thomas Jr Stieritz Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 City Zip Code State Transaction ID: SA11AI.8531 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation VP & GM excelleRx Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas Jr Stieritz Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 09 26 2014 City State Zip Code Transaction ID: SA11AI.8532 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP & GM excelleRx Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robin Taylor Date of Receipt Mailing Address 201 E. Fourth Street 03 07 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8533 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director, Account Management Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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Full Name (Last, First, Middle Initial)  C. Robin Taylor		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8536  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
Omnicare, Inc.	Sr. Director, Account Management	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  340.00	
SUBTOTAL of Receipts This Page (options	al)	60.00
TOTAL This Period (last page this line nur	nber only)	7
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Robin Taylor  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City Cincinnati	State Zip Code OH 45202	Date of Receipt  08 29 2014  Transaction ID: SA11Al.8537  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Sr. Director, Account Management  Aggregate Year-to-Date   360.00	20.00
Full Name (Last, First, Middle Initial)  Robin Taylor  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Sr. Director, Account Management  Aggregate Year-to-Date ▼  380.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Robin Taylor  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation Sr. Director, Account Management Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M / 26 2014  Transaction ID: SA11AI.8539  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	60.00
TOTAL This Period (last page this line number of	only)	

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	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Daniel A Thomas  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP & GM RxCrossroads  Aggregate Year-to-Date ▼  280.00	Date of Receipt  07 03 2014  Transaction ID: SA11AI.8547  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Daniel A Thomas  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP & GM RxCrossroads  Aggregate Year-to-Date ▼  300.00	Date of Receipt  07 18 2014  Transaction ID: SA11AI.8548  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Daniel A Thomas  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP & GM RxCrossroads  Aggregate Year-to-Date ▼  320.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	only)	

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14 13 15 16 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) Daniel A Thomas Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 City Zip Code State Transaction ID: SA11AI.8550 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP & GM RxCrossroads Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel A Thomas Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 08 29 2014 City State Zip Code Transaction ID: SA11AI.8551 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP & GM RxCrossroads Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel A Thomas Date of Receipt Mailing Address 201 E. Fourth Street 09 12 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8552

380.00

45202

OH

Occupation

VP & GM RxCrossroads

Aggregate Year-to-Date ▼

С

20.00

Amount of Each Receipt this Period

Cincinnati

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Primary

Omnicare, Inc. Receipt For:

FOR LINE NUMBER: PAGE 80 OF Use separate schedule(s) (check only one) X 11a 11b 11c

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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) Daniel A Thomas Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 26 City Zip Code State Transaction ID: SA11AI.8553 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP & GM RxCrossroads Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gina J. Timmons Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 03 2014 City State Zip Code Transaction ID: SA11AI.8554 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Customer Facing Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gina J. Timmons Date of Receipt Mailing Address 201 E. Fourth Street 07 18 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8555 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Customer Facing Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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104 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 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) Gina J. Timmons Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 01 2014 City Zip Code State Transaction ID: SA11AI.8556 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. VP, Customer Facing Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gina J. Timmons Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 80 15 2014 City State Zip Code Transaction ID: SA11AI.8557 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Customer Facing Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gina J. Timmons Date of Receipt Mailing Address 201 E. Fourth Street 80 29 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8558 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Customer Facing Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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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 th	e 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. Gina J. Timmons		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8559  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation VP, Customer Facing Technology	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
Full Name (Last, First, Middle Initial) Gina J. Timmons  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cincinnati  FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period  20.00
Name of Employer Omnicare, Inc.  Receipt For:  Primary General Other (specify) ▼	Occupation  VP, Customer Facing Technology  Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial) Thomas Tucker  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City	State Zip Code	Date of Receipt  07 03 2014  Transaction ID: SA11AI.8562
Cincinnati  FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period  25.00
Name of Employer  Omnicare, Inc.  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Regional Service Area Director  Aggregate Year-to-Date ▼  350.00	
SUBTOTAL of Receipts This Page (optional)		65.00
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for each category of the Detailed Summary Page 14 13 15 16 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) Thomas Tucker Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 18 2014 City Zip Code State Transaction ID: SA11AI.8564 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Regional Service Area Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Tucker Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 80 01 2014 City State Zip Code Transaction ID: SA11AI.8566 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Service Area Director Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Tucker Date of Receipt Mailing Address 201 E. Fourth Street 80 15 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8568 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Service Area Director Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify) 75.00

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

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	tatements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Thomas Tucker  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		08 29 2014
City	State Zip Code OH 45202	Transaction ID : SA11AI.8570
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Service Area Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify)	450.00	
Full Name (Last, First, Middle Initial)  Thomas Tucker		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 7% Code	09 12 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8572
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Service Area Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	475.00	
Full Name (Last, First, Middle Initial)  C. Thomas Tucker		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 26 2014
City	State Zip Code	Transaction ID : SA11AI.8574
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Service Area Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		75.00
TOTAL This Period (last page this line number	<u>·</u>	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	
OMNICARE, INC. POLITICA	L ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Denise Von Dohren		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8582
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Brand Support Solutions	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial)  Denise Von Dohren	•	Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	7. 6. 1	07 18 2014
City	State Zip Code	Transaction ID : SA11AI.8583
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Brand Support Solutions	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Denise Von Dohren	<u>'</u>	Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8584
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Brand Support Solutions	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
SUBTOTAL of Receipts This Page (ontional	) <b>.</b>	60.00
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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Denise Von Dohren  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 45202  C  Occupation VP, Brand Support Solutions  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)  Denise Von Dohren  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Brand Support Solutions  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)  Denise Von Dohren  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation VP, Brand Support Solutions  Aggregate Year-to-Date ▼  380.00	Date of Receipt  9 12 2014  Transaction ID: SA11AI.8587  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	60.00
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICA	L ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  A. Denise Von Dohren		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 26 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8588  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation  VP, Brand Support Solutions	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Timmy Waters  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City	Date of Receipt  07 03 2014  Transaction ID: SA11AI.8589	
Cincinnati	State Zip Code OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Omnicare, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  210.00	
Full Name (Last, First, Middle Initial) Timmy Waters  Mailing Address 201 E. Fourth Street	<b>'</b>	Date of Receipt
900 Omnicare Center City Cincinnati	State Zip Code OH 45202	07 18 2014  Transaction ID : SA11AI.8590  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer  Omnicare, Inc.  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  225.00	
SUBTOTAL of Receipts This Page (optional)	·····	50.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Timmy Waters		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	70	08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8591
FEC ID number of contributing federal political committee.	C 43202	Amount of Each Receipt this Period
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  240.00	
Full Name (Last, First, Middle Initial) Timmy Waters	1	Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
900 Omnicare Center City	State Zip Code	08
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  255.00	
Full Name (Last, First, Middle Initial) Timmy Waters		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 29 2014
Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8593  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify)	270.00	
SUBTOTAL of Receipts This Page (optional)		45.00

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	tatements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Timmy Waters  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  285.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code OH 45202  C Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼ 300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  David H West  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼ 280.00	Date of Receipt  M M / 03 2014  Transaction ID: SA11Al.8603  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	50.00
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	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  David H West		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 18 2014
City	State Zip Code	Transaction ID : SA11AI.8604
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 -55 -5	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  3. David H West		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		08 01 2014
City	State Zip Code	Transaction ID : SA11AI.8605
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial)  David H West		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.8606
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	340.00	
SUBTOTAL of Receipts This Page (optional)		60.00
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or for commercial purposes, other than using the	name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  David H West  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center	Ctoto 7'- C '	08 29 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8607
Cincinnati		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial)  3. David H West		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	Otal: Time State	09 12 2014
City	State Zip Code	Transaction ID : SA11AI.8608
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial)  David H West		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 26 2014
City	State Zip Code	Transaction ID : SA11AI.8609
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	60.00
TOTAL This Period (last page this line number of	only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  1. Janine Wolfram		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8631  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation Pharmacy General Manager	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial)  Janine Wolfram  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cincinnati  FEC ID number of contributing	OH 45202	Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	20.00
Omnicare, Inc.  Receipt For:	Pharmacy General Manager	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  Janine Wolfram		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8633  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer  Omnicare, Inc.  Receipt For:  Primary General	Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼	
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	320.00	60.00
TOTAL This Period (last page this line number	er only)	7

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or for commercial purposes, other than using the	name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Janine Wolfram  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		08 15 2014
Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8634
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	340.00	
Full Name (Last, First, Middle Initial)  Janine Wolfram		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 7'- C '	08 29 2014
Cincipnati	State Zip Code OH 45202	Transaction ID : SA11AI.8635
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial)  2. Janine Wolfram		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.8636
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	380.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number of	<u>·</u> _	

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	tatements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Janine Wolfram  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M C 26 2014  Transaction ID: SA11Al.8637  Amount of Each Receipt this Period  20.00
Michael Wood  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code OH 45202  C Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼ 280.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Michael Wood  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	60.00
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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	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  A. Michael Wood		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	Chate 7' O. I	08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11Al.8640  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation VP, Pharmacy Operations-LTC	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  320.00	
Full Name (Last, First, Middle Initial)  Michael Wood  Mailing Address 201 E. Fourth Street  900 Omnicare Center	Chate To Co.	Date of Receipt  08 15 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11Al.8641  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation  VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  340.00	
Full Name (Last, First, Middle Initial)  Michael Wood  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City Cincinnati	State Zip Code OH 45202	08 29 2014  Transaction ID : SA11Al.8642  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer  Omnicare, Inc.  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation  VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  360.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	. ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Michael Wood  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  380.00	Date of Receipt  12 2014  Transaction ID: SA11Al.8643  Amount of Each Receipt this Period  20.00
Michael Wood  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  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)  John L Workman  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation CEO Aggregate Year-to-Date ▼	Date of Receipt  07 03 2014  Transaction ID : SA11AI.8645  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	165.00
TOTAL This Period (last page this line number	er only)	

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	statements may not be sold or used by any persol e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) John L Workman  Mailing Address 204 F. Faurth Chart		Date of Receipt
Mailing Address 201 E. Fourth Street  900 Omnicare Center	Chata 7'- O. I	07 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8646
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
Omnicare, Inc.	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1875.00	
Full Name (Last, First, Middle Initial)  Jennifer M Yowler		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		07 03 2014
City	State Zip Code	Transaction ID : SA11AI.8647
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Financial Processes	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial)  Jennifer M Yowler		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 18 2014
City	State Zip Code	Transaction ID : SA11AI.8648
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Financial Processes	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		165.00
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	statements may not be sold or used by any persolation and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  A. Jennifer M Yowler		Date of Receipt
Mailing Address 201 E. Fourth Street  900 Omnicare Center	State 7: Oct-	08 01 2014 2014 2014 2014 2014 2014 2014 2
Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8649
Cincinnati	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Financial Processes	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial)  Jennifer M Yowler		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.8650
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Financial Processes	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	
Full Name (Last, First, Middle Initial)  Jennifer M Yowler		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 29 2014
City	State Zip Code	Transaction ID : SA11AI.8651
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Financial Processes	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (optional)	•	60.00
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	Statements may not be sold or used by any persolename and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Jennifer M Yowler  Mailing Address, 201 F. Fourth Street		Date of Receipt
Mailing Address 201 E. Fourth Street  900 Omnicare Center	State 7in Code	09 12 2014
Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8652
Cincinnati  FEC ID number of contributing federal political committee.	C 45202	Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	†
Omnicare, Inc.	VP, Financial Processes	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  380.00	
Full Name (Last, First, Middle Initial)  Jennifer M Yowler		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 7:- Cada	09 26 2014
Cincinnati	State Zip Code	Transaction ID : SA11AI.8653
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Financial Processes	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  C. Michael M Zandri		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code OH 45202	Transaction ID : SA11AI.8654
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	210.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	55.00
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Michael M Zandri Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 07 City Zip Code State Transaction ID: SA11AI.8655 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael M Zandri Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 80 01 2014 City State Zip Code Transaction ID: SA11AI.8656 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael M Zandri Date of Receipt Mailing Address 201 E. Fourth Street 80 15 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8657 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 15.00 С federal political committee. Name of Employer Occupation Pharmacy General Manager Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional).....

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Full Name (Last, First, Middle Initial) Barbara J Zarowitz  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati OH 45202  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Barbara J Zarowitz  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City State Zip Code	Date of Receipt  07 03 2014  Transaction ID: SA11AI.8658  Amount of Each Receipt this Period  40.00
City State Zip Code Cincinnati OH 45202  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Barbara J Zarowitz  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City  State Zip Code	07 03 2014  Transaction ID : SA11AI.8658  Amount of Each Receipt this Period
Cincinnati  Cincinnati  Cincinnati  OH 45202  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Barbara J Zarowitz  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  State  Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Barbara J Zarowitz  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  State  Zip Code	
Name of Employer  Omnicare, Inc.  Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Barbara J Zarowitz  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Occupation  VP, Chief Clinical Officer  Aggregate Year-to-Date ▼  586.08	40.00
Omnicare, Inc.  Receipt For:  Primary Other (specify) ▼  Full Name (Last, First, Middle Initial)  Barbara J Zarowitz  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City  VP, Chief Clinical Officer  Aggregate Year-to-Date ▼  586.08	
Receipt For:  Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Barbara J Zarowitz  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City  Aggregate Year-to-Date ▼  586.08	
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Barbara J Zarowitz  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City State Zip Code	
Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Barbara J Zarowitz  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City  State Zip Code	
Mailing Address 201 E. Fourth Street 900 Omnicare Center City State Zip Code	
Barbara J Zarowitz  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City State Zip Code	
900 Omnicare Center City State Zip Code	Date of Receipt
City State Zip Code	M = M / D = D / Y = Y = Y
•	07 18 2014
	Transaction ID : SA11AI.8659
Cincinnati OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	40.00
Name of Employer Occupation	
Omnicare, Inc. VP, Chief Clinical Officer	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  626.08	
Full Name (Last, First, Middle Initial) Barbara J Zarowitz	Date of Receipt
Mailing Address 201 E. Fourth Street	<del>-</del>
900 Omnicare Center	08 01 _2014 _
City State Zip Code	Transaction ID : SA11AI.8660
Cincinnati OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	40.00
Name of Employer   Occupation	
Omnicare, Inc.  VP, Chief Clinical Officer	
Receipt For:	_
Primary General Aggregate Year-to-Date ▼	-
Other (specify) ▼ 666.08	
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Full Name (Last, First, Middle Initial) Barbara J Zarowitz		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.8663
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Chief Clinical Officer	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)	786.08	

120.00

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**Detailed Summary Page** 13 14 15 16 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) Barbara J Zarowitz Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2014 26 City State Zip Code Transaction ID: SA11AI.8664 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation VP, Chief Clinical Officer Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 826.08 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	