07/07/2010 10:27

Image# 10990829331

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines OmniCare, Inc. Politcal Action Committee 1600 River Center II ADDRESS (number and street) 100 East River Center Blvd Check if different than previously Covington ΚY 41101 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00392886 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 04 0 1 2010 06 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Tom Marsh Type or Print Name of Treasurer Electronically Filed by Tom Marsh 07 07 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 34

Write or Type Committee Name OmniCare, Inc. Politcal Action Committee

FEC Form 3X (Rev. 02/2003)

Report Covering the Period:

From:

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D D 0 1

Y Y Y Y 2 0 1 0

To:

м м 0 6 ^D 30

Y Y Y Y 2 0 1 0

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1 2010 Y Y Y		32353.40
(b) Cash on Hand at Begining of Reporting Period	37157.36	
(c) Total Receipts (from Line 19)	7034.54	13593.96
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44191.90	45947.36
Total Disbursements (from Line 31)	139.41	1894.87
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44052.49	44052.49
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
D. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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) 3 / 34

Write or Type Committee Name

OmniCare, Inc. Politcal Action Committee

Report Covering the Period:

From: 0.4

D D 0 1

2010

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^D 30

Y Y Y Y 2 0 1 0

I. Receipts	I. Receipts COLUMN A Total This Period	
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	5394.42	8606.66
(ii) Unitemized	1640.12	4987.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7034.54	13593.96
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7034.54	13593.96
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7034.54	13593.96
. Total Federal Receipts (subtract Line 18(c) from Line 19)	7034.54	13593.96

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/34

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		I.
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party		
23.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	2000.00
4.	Independent Expenditure	0.00	0.00
5	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
17	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	139.41	-105.13
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
81.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	139.41	1894.87
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	139.41	1894.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 34

III. Net Contribu Expendi	utions/Operating tures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (of from Line 11(d), page	· ·	7034.54	13593.96
34. Total Contribution Ref (from Line 28(d))	· · · ·	0.00	0.00
5. Net Contributions (other (subtract Line 34 from	′	7034.54	13593.96
36. Total Federal Operatir (add Line 21(a)(i) and	• '	0.00	0.00
7. Offsets to Operating E (from Line 15, page 3)	· ·	0.00	0.00
38. Net Operating Expend (subtract Line 37 from		0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/34 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Con	nmittee		
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
Mailing Address 2050 DAMSON DRI	IVE		0 4 1 5 2 0 1 0
City VILLA HILLS	State KY	Zip Code	Transaction ID: SA11Al.6631
FEC ID number of contributing federal political committee.	C	41017	Amount of Each Receipt this Period 41.67
Name of Employer OMNICARE, INC	Occupation VP & CO	n DNTROLLER	Semi-monthly Payroll Deduction - \$41.67
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 291.69	
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
Mailing Address 2050 DAMSON DRI	IVE		0 4 3 0 Y Y Y Y Y
City VILLA HILLS	State KY	Zip Code 41017	Transaction ID: SA11AI.6642 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41017	41.67
Name of Employer OMNICARE, INC	Occupation VP & CO	n DNTROLLER	Semi-monthly Payroll Deduction - \$41.67
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
Mailing Address 2050 DAMSON DRI	IVE		05 14 2010
City VILLA HILLS	State KY	Zip Code 41017	Transaction ID: SA11AI.6693 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41017	41.67
Name of Employer OMNICARE, INC	Occupation VP & CO	n ONTROLLER	Semi-monthly payroll deduction - \$41.67
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.03	
SUBTOTAL of Receipts This Page (optional	<u> </u>		125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/34 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	e name and add	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DRIV		7in Code	Date of Receipt 0 5 28 2010
City VILLA HILLS	State KY	Zip Code 41017	Transaction ID: SA11AI.6704
FEC ID number of contributing federal political committee.	C	41017	Amount of Each Receipt this Period 41.67
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼		n DNTROLLER e Year-to-Date ▼ 416.70	Semi-monthly payroll deduction - \$41.67
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DRIV	E		Date of Receipt 0 6 1 5 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.6756
VILLA HILLS	KY	41017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer OMNICARE, INC	Occupatio VP & CC	n NTROLLER	Semi-monthly payroll deduction - \$41.67
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 458.37	
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT	1		Date of Receipt
Mailing Address 2050 DAMSON DRIV	Έ		06 30 2010
City VILLA HILLS	State KY	Zip Code 41017	Transaction ID: SA11AI.6767 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer OMNICARE, INC	Occupatio VP & CC	n DNTROLLER	Semi-monthly payroll dedu- ction - \$41.67
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.04	
SUBTOTAL of Receipts This Page (optional) .	•		125.01

or for commercial purposes, othe NAME OF COMMITTEE (In F OmniCare, Inc. Political A Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary Gener OMNICARE INC Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City City Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City Total Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City	CKSLEY CIRCLE State AL Occupatic PHARM Aggregat Initial) CKSLEY CIRCLE State AL State AL State AL Aggregat Aggregat Aggregat Aggregat State AL	Zip Code 35242	Date of Receipt Date of Receipt Transaction ID: SA11AI.6632 Amount of Each Receipt this Period Date of Receipt A2.00 Semi-monthly Payroll Deduction - \$42.00 Transaction ID: SA11AI.6643 Amount of Each Receipt this Period A2.00 Date of Receipt A2.00 Transaction ID: SA11AI.6643 Amount of Each Receipt this Period A2.00
Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary Gener OMNICARE INC Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City City City City Country Country Country Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City	State AL Occupation PHARM Aggregat Initial) CKSLEY CIRCLE State AL	35242 ion MACIST tte Year-to-Date ▼ 294.00 Zip Code	Transaction ID: SA11AI.6632 Amount of Each Receipt this Period 42.00 Semi-monthly Payroll Deduction - \$42.00 Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City City	State AL Occupation PHARM Aggregat Initial) CKSLEY CIRCLE State AL	35242 ion MACIST tte Year-to-Date ▼ 294.00 Zip Code	Date of Receipt M M M O 4 3 0 1 2 0 1 0 Transaction ID: SA11AI.6632 Amount of Each Receipt this Period 42.00 Semi-monthly Payroll Deduction - \$42.00 Date of Receipt M M M O 3 0 2 0 1 0 Transaction ID: SA11AI.6643 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 SCOTT ARLEDGE Mailing Address 1016 LOC City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Contribution federal political committee.	Occupation PHARM Aggregat al Initial) CKSLEY CIRCLE State AL	ion MACIST te Year-to-Date ▼ 294.00 Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City City	Initial) CKSLEY CIRCLE State AL	ACIST te Year-to-Date ▼ 294.00 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
Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City	Initial) CKSLEY CIRCLE State AL	Zip Code	Transaction ID: SA11AI.6643 Amount of Each Receipt this Period
B. SCOTT ARLEDGE Mailing Address 1016 LOC City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City	State AL	•	Transaction ID: SA11AI.6643 Amount of Each Receipt this Period
BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City	AL	•	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) Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City			
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City			Onest an entirely Decimal Decim
Primary Gener Other (specify) ▼ Full Name (Last, First, Middle SCOTT ARLEDGE Mailing Address 1016 LOC City	Occupation PHARM		Semi-monthly Payroll Deduction - \$42.00
C. SCOTT ARLEDGE Mailing Address 1016 LOC City		te Year-to-Date ▼ 336.00	
City	,		Date of Receipt
•	CKSLEY CIRCLE		05 14 2010
BHAM	State AL	Zip Code 35242	Transaction ID: SA11AI.6694 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer OMNICARE INC	Occupation PHARM		Semi-monthly payroll deduction - \$42.00
Receipt For: Primary Gener Other (specify) ▼		te Year-to-Date ▼ 378.00	1
SUBTOTAL of Receipts This Pa			

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 34 (check only one) X
	NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	he name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY CI	RCLE		Date of Receipt 0 5 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.6705
	BHAM FEC ID number of contributing federal political committee.	C	35242	Amount of Each Receipt this Period 42.00
	Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation PHARM/ Aggregate		Semi-monthly payroll deduction - \$42.00
— В.	Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY CI	RCLE		Date of Receipt 0 6 1 5 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.6757
	BHAM FEC ID number of contributing federal political committee.	C	35242	Amount of Each Receipt this Period 42.00
	Name of Employer OMNICARE INC Receipt For: Primary General	Occupation PHARM/ Aggregate		Semi-monthly payroll deduction - \$42.00
_	Other (specify) Full Name (Last, First, Middle Initial)	0 0	462.00	
Э.	SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY CI	RCLE		Date of Receipt 0 6 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.6768
	BHAM FEC ID number of contributing federal political committee.	C	35242	Amount of Each Receipt this Period 42.00
	Name of Employer OMNICARE INC	Occupation PHARM/		Semi-monthly payroll dedu- ction - \$42.00
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 504.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		126.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 34 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co.	nd Statements may not be sold or used by any perso the name and address of any political committee to mmittee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road City Royersford FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For:	State Zip Code PA 19468 C Occupation VP Public Affairs Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road City Royersford FEC ID number of contributing federal political committee.	1400.00 State Zip Code PA 19468 C	Date of Receipt M M M / D D / Y Y Y Y Y O 4 3 0 2 0 1 0 Transaction ID: SA11AI.6646 Amount of Each Receipt this Period 200.00
Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) ▼	Occupation VP Public Affairs Aggregate Year-to-Date 1600.00	Semi-monthly Payroll Dedu- ction - \$200.00
Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road City Royersford FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify)	State Zip Code PA 19468 C Occupation VP Public Affairs Aggregate Year-to-Date 1800.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional	J)	600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 34 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Con	nmittee		
Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
Mailing Address 208 Old Mill Road			05 28 2010
City	State	Zip Code	Transaction ID: SA11AI.6708
Royersford	PA	19468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Omnicare, Inc	Occupatio VP Publi		Semi-monthly payroll deduction - \$200.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Paul Baldwin	L		Date of Receipt
Mailing Address 208 Old Mill Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.6760
Royersford	PA	19468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Omnicare, Inc	Occupatio VP Publi		Semi-monthly payroll deduction - \$200.00
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	2200.00	
Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
Mailing Address 208 Old Mill Road			0 6 3 0 Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.6771
Royersford F50 IP contract contribution	PA	19468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Omnicare, Inc	Occupatio VP Publi	c Affairs	Semi-monthly payroll deduction - \$200.00
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
Other (specify)		2400.00	
SUBTOTAL of Receipts This Page (optional			600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 12 / 34 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	ne name and address of a	old or used by any person any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE LA City	State Zip	Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
CINCINNATI FEC ID number of contributing federal political committee.	OH 452	243	Amount of Each Receipt this Period 85.00 Semi-monthly Payroll Dedu-
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼	Occupation SPECIAL ADVIS Aggregate Year-to-		ction - \$85.00
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE LA	NE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CINCINNATI		Code	Transaction ID: SA11AI.6645
FEC ID number of contributing federal political committee.	C	43	Amount of Each Receipt this Period 85.00 Semi-monthly Payroll Dedu-
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼	Occupation SPECIAL ADVIS Aggregate Year-to-		ction - \$85.00
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE LA	NF		Date of Receipt
City CINCINNATI		Code	0 5 1 4 2 0 1 0 Transaction ID: SA11AI.6696 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer OMNICARE, INC	Occupation SPECIAL ADVIS	SOR TO CEO	Semi-monthly payroll deduction - \$85.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 765.00	
SUBTOTAL of Receipts This Page (optional))	255.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than u	ts and Statements may not be sold or used by any pers sing the name and address of any political committee t	on for the purpose of soliciting contributions
OmniCare, Inc. Politcal Action Full Name (Last, First, Middle Initial)	Committee	1
TIMOTHY E BIEN		Date of Receipt
Mailing Address 6210 NUEVELL City	E LANE State Zip Code	0 5 2 8 2 0 1 0 Transaction ID: SA11AI.6707
CINCINNATI	OH 45243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer OMNICARE, INC	Occupation SPECIAL ADVISOR TO CEO	Semi-monthly payroll deduction - \$85.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN	E LANE	Date of Receipt
Mailing Address 6210 NUEVELL	E LANE	0 6 D / 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.6759
CINCINNATI	OH 45243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	85.00 Semi-monthly payroll dedu-
Name of Employer OMNICARE, INC	Occupation SPECIAL ADVISOR TO CEO	ction - \$85.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN		Date of Receipt
Mailing Address 6210 NUEVELL	E LANE	0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CINCINNATI	State Zip Code	Transaction ID: SA11AI.6770
FEC ID number of contributing federal political committee.	OH 45243	Amount of Each Receipt this Period 85.00
Name of Employer OMNICARE, INC	Occupation SPECIAL ADVISOR TO CEO	Semi-monthly payroll deduction - \$85.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
SUBTOTAL of Receipts This Page (opt	ional)	255.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	Statements may not be sold or used by any per he name and address of any political committee mittee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT F BRADY Mailing Address 753 ST ANNES City HOLLAND FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For:	State Zip Code OH 43528 C Occupation SALES Aggregate Year-to-Date ▼	Date of Receipt M M D D 2 0 1 0
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ROBERT F BRADY Mailing Address 753 ST ANNES	220.00	Date of Receipt
City HOLLAND FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code OH 43528 C Occupation SALES Aggregate Year-to-Date 240.00	Transaction ID: SA11AI.6763 Amount of Each Receipt this Period 20.00 Semi-monthly payroll deduction - \$20.00
Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT. City Portland FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc - Evergreen Receipt For: Primary General Other (specify)	State Zip Code OR 97086 C Occupation Pharmacist Aggregate Year-to-Date 220.00	Date of Receipt M M Z B Z B Z D 1 0 Transaction ID: SA11AI.6682 Amount of Each Receipt this Period 20.00 Bi-weekly payroll deduction - \$20.00
SUBTOTAL of Receipts This Page (optional)		60.00

1 1 LIV	IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
or for c	ormation copied from such Reports and commercial purposes, other than using the OF COMMITTEE (In Full) nniCare, Inc. Politcal Action Comm	e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		e		
Bria	Name (Last, First, Middle Initial) an Egan			Date of Receipt
	ling Address 9945 SE GIA CT.			06 / 11 / 2010
City Por	rtland	State OR	Zip Code 97086	Transaction ID: SA11AI.6725 Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C	0.000	20.00
Nam Om	ne of Employer nicare, Inc - Evergreen	Occupatio Pharmac		Bi-weekly payroll deducti- on - \$20.00
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
Bria	Name (Last, First, Middle Initial)			Date of Receipt
ıvıalı —	ling Address 9945 SE GIA CT.			06 25 7 2010
City	rtland	State OR	Zip Code 97086	Transaction ID: SA11AI.6746 Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C	37000	20.00
Nam Om	ne of Employer inicare, Inc - Evergreen	Occupation Pharmac		Bi-weekly payroll deducti- on - \$20.00
Rec	ceipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 260.00	
	Name (Last, First, Middle Initial) - J HENDERSON			Date of Receipt
Mail	ling Address 2908 PERIMETER C	IRCLE		0 4 0 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	, IFORD	State GA	Zip Code 30519	Transaction ID: SA11AI.6584 Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C		50.00
Nan OM	ne of Employer NICARE INC	Occupatio PHARMA		Biweekly Payroll Deduction - \$50.00
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SUBT	OTAL of Receipts This Page (optional)			90.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 34 (check only one) X
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action	sing the name and add	η not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMET	ED CIDCI E		Date of Receipt
City	State	Zip Code	0 4 1 6 2 0 1 0 Transaction ID: SA11AI.6603
BUFORD FEC ID number of contributing federal political committee.	GA C	30519	Amount of Each Receipt this Period 50.00
Name of Employer OMNICARE INC	Occupation PHARMA		Biweekly Payroll Deduction - \$50.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMET	ER CIRCLE		Date of Receipt 0 4 3 0 2 0 1 0
City	State	Zip Code	Transaction ID: SA11Al.6625
BUFORD	GA	30519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00 Biweekly Payroll Deduction
Name of Employer OMNICARE INC	Occupation PHARMA		- \$50.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]
Full Name (Last, First, Middle Initial) HAL J HENDERSON			Date of Receipt
Mailing Address 2908 PERIMET	ER CIRCLE		05 14 2010
City BUFORD	State GA	Zip Code	Transaction ID: SA11AI.6668
FEC ID number of contributing federal political committee.	C	30519	Amount of Each Receipt this Period 50.00
Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly payroll deducti- on - \$50.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (op	tional)		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER C	CIRCLE State	Zip Code	Date of Receipt M
BUFORD	GA	2ip Code 30519	Transaction ID: SA11Al.6687 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00010	50.00
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation PHARMA Aggregate		Bi-weekly payroll deduction - \$50.00
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER C	CIRCLE		Date of Receipt 0 6 1 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.6730
BUFORD	GA	30519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer OMNICARE INC	Occupatio PHARMA		Bi-weekly payroll deduction - \$50.00
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) HAL J HENDERSON			Date of Receipt
Mailing Address 2908 PERIMETER C	CIRCLE		0 6 2 5 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.6750
BUFORD	GA	30519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer OMNICARE INC	Occupatio PHARMA		Bi-weekly payroll deduction - \$50.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/34 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Comm	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT DR City FLORENCE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)		Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT DR City FLORENCE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General	State Zip Code KY 41042 C Occupation Aggregate Year-to-Date ▼	Date of Receipt O 4 30 2010 Transaction ID: SA11AI.6644 Amount of Each Receipt this Period 60.00 Semi-monthly Payroll Deduction - \$60.00
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT DR City FLORENCE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼		Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .		180.00

SCHEDULE A (ITEMIZED REC		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 34 (check only one) X
or for commercial purpos NAME OF COMMIT	ses, other than using the name and	may not be sold or used by any person d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Firs CHRISTOPHER HOR) Mailing Address 71 City FLORENCE FEC ID number of confederal political common Name of Employer OMNICARE INC Receipt For: Primary	state State KY Occup General Aggree	41042	Date of Receipt M M 28 2010 Transaction ID: SA11AI.6706 Amount of Each Receipt this Period 60.00 Semi-monthly payroll deduction - \$60.00
Full Name (Last, Firs CHRISTOPHER HORI Mailing Address 71 City FLORENCE FEC ID number of confederal political communication Name of Employer OMNICARE INC Receipt For: Primary Other (specify)	t, Middle Initial) 90 HIGHPOINT DR State KY Intributing initiee. Occup Aggre	e Zip Code 41042	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 1 5 2 0 1 0 Transaction ID: SA11AI.6758 Amount of Each Receipt this Period 60.00 Semi-monthly payroll deduction - \$60.00
Full Name (Last, Firs CHRISTOPHER HORI Mailing Address 71 City FLORENCE FEC ID number of confederal political common Name of Employer OMNICARE INC Receipt For: Primary Other (specify)	90 HIGHPOINT DR State KY Intributing iittee. Occup Aggre	41042	Date of Receipt M M D D 2 0 1 0 Transaction ID: SA11AI.6769 Amount of Each Receipt this Period
SUBTOTAL of Receipt	s This Page (optional)		180.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 34 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Cor	the name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Patrick Keefe Mailing Address 6358 Turpin Hills D	rivo		Date of Receipt
City Cincinnati	State OH	Zip Code 45244	Transaction ID: SA11AI.6636 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		225.00
Name of Employer Omnicare Inc.	Occupation Executive		Semi-monthly Payroll Deduction - \$225.00
Primary General Other (specify) ▼	Aggregate	1575.00	
Full Name (Last, First, Middle Initial) Patrick Keefe Mailing Address 6358 Turpin Hills D	rive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.6647
Cincinnati	ОН	45244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		225.00
Name of Employer Omnicare Inc.	Occupation Executive)	Semi-monthly Payroll Deduction - \$225.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1800.00	
Full Name (Last, First, Middle Initial) Patrick Keefe	•		Date of Receipt
Mailing Address 6358 Turpin Hills D	rive		05 14 2010
City	State	Zip Code	Transaction ID: SA11AI.6698
Cincinnati FEC ID number of contributing federal political committee.	OH C	45244	Amount of Each Receipt this Period 225.00
Name of Employer Omnicare Inc.	Occupation		Semi-monthly payroll dedu- ction - \$225.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2025.00	
SUBTOTAL of Receipts This Page (optiona	d)l		675.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 34 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Con	the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) A. Patrick Keefe			Date of Receipt
Mailing Address 6358 Turpin Hills Di	rive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State OH	Zip Code 45244	Transaction ID: SA11AI.6709 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		225.00
Name of Employer Omnicare Inc.	Occupation Executive		Semi-monthly payroll dedu- ction - \$225.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Patrick Keefe Mailing Address 6358 Turpin Hills Di	rive		Date of Receipt
City	State	Zip Code	0 6 1 5 2 0 1 0 Transaction ID: SA11AI.6761
<u>Cincinnati</u>	OH	45244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		225.00
Name of Employer Omnicare Inc.	Occupation Executive		Semi-monthly payroll dedu- ction - \$225.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2475.00	
Full Name (Last, First, Middle Initial) Patrick Keefe	L		Date of Receipt
Mailing Address 6358 Turpin Hills Dr	rive		06 30 7 2010
City Cincinnati	State OH	Zip Code	Transaction ID: SA11AI.6772
FEC ID number of contributing federal political committee.	C	45244	Amount of Each Receipt this Period 225.00
Name of Employer Omnicare Inc.	Occupation Executive		Semi-monthly payroll dedu- ction - \$225.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2700.00	
SUBTOTAL of Receipts This Page (optional	l)		675.00
TOTAL This Period (last page this line number	ber only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 34 (check only one) X
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Comn	nittee		
Α.	Full Name (Last, First, Middle Initial) MARK G KOBASUK			Date of Receipt
	Mailing Address 7393 PINEHURST DF	₹		04 15 2010
	City	State	Zip Code	Transaction ID: SA11AI.6630
	CINCINNATI	ОН	45244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		34.90
	Name of Employer OMNICARE	Occupation GENERA	n AL COUNSEL	Semi-monthly Payroll Deduction - \$34.90
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		244.30]
— В.	Full Name (Last, First, Middle Initial) MARK G KOBASUK			Date of Receipt
	Mailing Address 7393 PINEHURST DF	3		0 4 3 0 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6641
	CINCINNATI	OH	45244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		34.90
	Name of Employer OMNICARE	Occupation GENERA	on AL COUNSEL	Semi-monthly Payroll Deduction - \$34.90
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		279.20	
 C.	Full Name (Last, First, Middle Initial) MARK G KOBASUK			Date of Receipt
	Mailing Address 7393 PINEHURST DF	₹		0 5 1 4 Y Y Y Y Y
	City CINCINNATI	State OH	Zip Code 45244	Transaction ID: SA11AI.6692 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40244	34.90
	Name of Employer OMNICARE	Occupatio GENERA	n AL COUNSEL	Semi-monthly payroll deduction - \$34.90
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 314.10	
5	SUBTOTAL of Receipts This Page (optional) .	1		104.70
	OTAL This Period (last page this line number		•	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23/34 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	nmittee		
Full Name (Last, First, Middle Initial) MARK G KOBASUK			Date of Receipt
Mailing Address 7393 PINEHURST D)R		05 28 2010
City	State	Zip Code	Transaction ID: SA11AI.6703
CINCINNATI FEC ID number of contributing federal political committee.	C	45244	Amount of Each Receipt this Period 34.90
Name of Employer OMNICARE	Occupation GENERA	n AL COUNSEL	Semi-monthly payroll deduction - \$34.90
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 349.00	
Full Name (Last, First, Middle Initial) MARK G KOBASUK			Date of Receipt
Mailing Address 7393 PINEHURST D	DR		0 6 1 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CINCINNATI	State OH	Zip Code 45244	Transaction ID: SA11AI.6755
FEC ID number of contributing federal political committee.	C	40244	Amount of Each Receipt this Period 34.90
Name of Employer OMNICARE	Occupation GENERA	n AL COUNSEL	Semi-monthly payroll deduction - \$34.90
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 383.90	
Full Name (Last, First, Middle Initial) MARK G KOBASUK			Date of Receipt
Mailing Address 7393 PINEHURST D	DR		0 6 3 0 2 0 1 0
City CINCINNATI	State OH	Zip Code 45244	Transaction ID: SA11AI.6766
FEC ID number of contributing federal political committee.	C	10211	Amount of Each Receipt this Period 34.90
Name of Employer OMNICARE	Occupation GENERA	n AL COUNSEL	Semi-monthly payroll deduction - \$34.90
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 418.80	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		104.70

SCHEDULE A (FE ITEMIZED RECEI Any information copied from	PTS such Reports and Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 34 (check only one) X
or for commercial purposes. NAME OF COMMITTEE	other than using the name and add	dress of any political cómmittee to	o solicit contributions from such committee.
Full Name (Last, First, M Andrew H Kowal Mailing Address 153 I	liddle Initial)		Date of Receipt
City Southampton	State MA	Zip Code 01073	Transaction ID: SA11AI.6583 Amount of Each Receipt this Period
FEC ID number of contri federal political committee			40.00
Name of Employer Omnicare, Inc Receipt For: Primary Other (specify)	Occupation Pharmac Aggregate General		Biweekly Payroll Deduction - \$40.00
Full Name (Last, First, N Andrew H Kowal Mailing Address 153 I	liddle Initial)		Date of Receipt 0 4 1 6 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.6602
Southampton FEC ID number of contri federal political committe		01073	Amount of Each Receipt this Period 40.00
Name of Employer Omnicare, Inc	Occupatio Pharmac		Biweekly Payroll Deduction - \$40.00
Receipt For: Primary Other (specify) ▼	Aggregate Aggregate	e Year-to-Date ▼ 320.00	
Full Name (Last, First, M Andrew H Kowal Mailing Address 153 I	liddle Initial)		Date of Receipt
City	State	Zip Code	0 4 3 0 2 0 1 0 Transaction ID: SA11Al.6624
Southampton	MA	01073	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			40.00
Name of Employer Omnicare, Inc	Occupatio Pharmac	cist	Biweekly Payroll Deduction - \$40.00
Receipt For: Primary Other (specify)	General Aggregate	e Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts T	his Page (optional))	120.00
·	age this line number only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25/34 (check only one) X 11a
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	nittee		
<u> </u>	Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
	Mailing Address 153 R Pomeroy Mead	dow Road		05 14 2010
	City	State	Zip Code	Transaction ID: SA11AI.6667
	Southampton	MA	01073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Omnicare, Inc	Occupation Pharmac		Bi-weekly payroll deduction - \$40.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
	Mailing Address 153 R Pomeroy Mead	dow Road		05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.6686
	Southampton	MA	01073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Omnicare, Inc	Occupation Pharmac	cist	Bi-weekly payroll deduction - \$40.00
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	440.00	
	Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
	Mailing Address 153 R Pomeroy Mead	dow Road		0 6 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.6729
	Southampton	MA	01073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Omnicare, Inc	Occupation Pharmac	cist	Bi-weekly payroll deducti- on - \$40.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
Г	SUBTOTAL of Receipts This Page (optional)			120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 26 / 34 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	ne name and address	pe sold or used by any pers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Mea City Southampton FEC ID number of contributing	State Z	Zip Code 01073	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) ▼	Occupation Pharmacist Aggregate Year	-to-Date ▼ 520.00	Bi-weekly payroll deduction - \$40.00
Full Name (Last, First, Middle Initial) DALE LEWIS Mailing Address 117 PLUM POPPY N City MALTA	State 2	Zip Code 12020	Date of Receipt M M D D Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	Occupation PHARMACIS Aggregate Year		Bi-weekly payroll deduction - \$20.00
Full Name (Last, First, Middle Initial) DALE LEWIS Mailing Address 117 PLUM POPPY N City		Zip Code	Date of Receipt M M D D 2 0 1 0
MALTA FEC ID number of contributing federal political committee.	C	12020	Amount of Each Receipt this Period 20.00
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼	Occupation PHARMACIS Aggregate Year		Bi-weekly payroll deduction - \$20.00
SUBTOTAL of Receipts This Page (optional)	1		80.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the (Crieck only one)
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action C	ng the name and address of any politica	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DALE LEWIS		Date of Receipt
Mailing Address 117 PLUM POPF	PY NORTH	06 25 2010
City MALTA	State Zip Code NY 12020	Transaction ID: SA11AI.6743 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer OMNICARE, INC	Occupation PHARMACIST	Bi-weekly payroll deducti- on - \$20.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	260.00
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE		Date of Receipt
Mailing Address 10428 KONSTAN	ITINE LANE	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.6691
LOVELAND	OH 45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer OMNICARE, INC	Occupation VICE PRESIDENT	Semi-monthly payroll dedu- ction - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	225.00
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE		Date of Receipt
Mailing Address 10428 KONSTAN	ITINE LANE	05 28 2010
City	State Zip Code	Transaction ID: SA11AI.6702
LOVELAND FEC ID number of contributing federal political committee.	OH 45140	Amount of Each Receipt this Period 25.00
Name of Employer OMNICARE, INC	Occupation VICE PRESIDENT	Semi-monthly payroll dedu- ction - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page (optic	nnal)	70.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 34 (check only one) X
or for o	formation copied from such Reports and commercial purposes, other than using the LME OF COMMITTEE (In Full) mniCare, Inc. Politcal Action Comm	e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	ll Name (Last, First, Middle Initial) OMAS W LUDEKE			Date of Receipt
	iling Address 10428 KONSTANTIN	E LANE		06 15 2010
Cit _i	y DVELAND	State OH	Zip Code 45140	Transaction ID: SA11AI.6754 Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C		25.00
Na ON	me of Employer //NICARE, INC	Occupation VICE PE	n RESIDENT	Semi-monthly payroll dedu- ction - \$25.00
Re	ceipt For: Primary General Other (specify) ▼	_	e Year-to-Date ▼ 275.00	
. <u>TH</u>	Il Name (Last, First, Middle Initial) OMAS W LUDEKE	E LANE		Date of Receipt
ıvıa 	iling Address 10428 KONSTANTIN	06 30 7 2010		
Cit	•	State	Zip Code	Transaction ID: SA11AI.6765
FE	OVELAND C ID number of contributing leral political committee.	OH C	45140	Amount of Each Receipt this Period 25.00
Na ON	me of Employer //NICARE, INC	Occupation VICE PF	n RESIDENT	Semi-monthly payroll deduction - \$25.00
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
	II Name (Last, First, Middle Initial) MES MATHIS			Date of Receipt
Ma	illing Address 4308 BRUSH HILL Ro	OAD		05 28 2010
City	y ASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.6701 Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		21.00
Na ON	me of Employer //NICARE INC	Occupatio	n RATE COMPLIANCE	Semi-monthly payroll deduction - \$21.00
Re	ceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 210.00	
SUB	FOTAL of Receipts This Page (optional) .		_	71.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each cate	te schedule(s) tegory of the ummary Page FOR LINE NUMBER: PAGE 29 / 34 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Cor	the name and address of any poli	used by any person for the purpose of soliciting contributions slitical committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAMES MATHIS Mailing Address 4308 BRUSH HILL City NASHVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code TN 37216 C Occupation CORPORATE COMPL Aggregate Year-to-Date	
Full Name (Last, First, Middle Initial) JAMES MATHIS Mailing Address 4308 BRUSH HILL City NASHVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code TN 37216 C Occupation CORPORATE COMPL Aggregate Year-to-Date	Amount of Each Receipt this Period 21.00 Semi-monthly payroll deduction - \$21.00
Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr. Mailing Address 2110 RIVER BEND City KINGWOOD FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Other (specify)	State Zip Code TX 77345 C Occupation RVP - MANAGEMENT Aggregate Year-to-Date	Amount of Each Receipt this Period 25.00 Biweekly Payroll Deduction - \$25.00
SUBTOTAL of Receipts This Page (optional)	67.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 34 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co.	the name and addr	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr. Mailing Address 2110 RIVER BEND	WAY		Date of Receipt 0 5 1 4 2 0 1 0
City KINGWOOD FEC ID number of contributing	State TX	Zip Code 77345	Transaction ID: SA11AI.6665 Amount of Each Receipt this Period 25.00
Name of Employer OMNICARE Receipt For:	Occupation RVP - MA	NAGEMENT Year-to-Date ▼	Bi-weekly payroll deduction - \$25.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr. Mailing Address 2110 RIVER BEND) WAY	250.00	Date of Receipt
City KINGWOOD FEC ID number of contributing federal political committee.	State TX	Zip Code 77345	Transaction ID: SA11AI.6684 Amount of Each Receipt this Period 25.00
Name of Employer OMNICARE Receipt For: Primary General Other (specify) ▼	- ' '	NAGEMENT Year-to-Date ▼ 275.00	Bi-weekly payroll deduction - \$25.00
Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr. Mailing Address 2110 RIVER BEND) WAY		Date of Receipt
City KINGWOOD	State TX	Zip Code 77345	Transaction ID: SA11AI.6727 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer OMNICARE Receipt For: Primary General Other (specify) ▼	 	NAGEMENT Year-to-Date ▼ 300.00	Bi-weekly payroll deducti- on - \$25.00
SUBTOTAL of Receipts This Page (optional	al)		75.00
TOTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck Orlly Orle)
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Con	the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr. Mailing Address 2110 RIVER BEND City KINGWOOD FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Other (specify)	State Zip Code TX 77345 C Occupation RVP - MANAGEMENT Aggregate Year-to-Date 325.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	LANE State Zip Code IN 46237 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 220.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	LANE State Zip Code IN 46237 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 240.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	65.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only one)
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	he name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General	State Zip Code IN 46237 C Occupation PHARMACIST Aggregate Year-to-Date ▼	Date of Receipt M M
Other (specify) Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS City	S LN W 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
OSCEOLA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	Occupation PHARMACIST Aggregate Year-to-Date 225.0	Transaction ID: SA11AI.6622 Amount of Each Receipt this Period 25.00 Biweekly Payroll Deduction - \$25.00
Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS City OSCEOLA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	State Zip Code IN 46561 C Occupation PHARMACIST Aggregate Year-to-Date 250.0	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional		70.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 34 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee		
Α.	Full Name (Last, First, Middle Initial) THOMAS TUCKER			Date of Receipt
	Mailing Address 11201 RIVER OAKS			05 28 7 2010
	City OSCEOLA	State IN	Zip Code 46561	Transaction ID: SA11AI.6685 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE, INC	Occupatio PHARMA		Bi-weekly payroll deducti- on - \$25.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
— В.	Full Name (Last, First, Middle Initial) THOMAS TUCKER			Date of Receipt
	Mailing Address 11201 RIVER OAKS	LN W		06 11 2010
	City OSCEOLA	State IN	Zip Code 46561	Transaction ID: SA11AI.6728 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70001	25.00
	Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-weekly payroll deduction - \$25.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_ С.	Full Name (Last, First, Middle Initial) THOMAS TUCKER			Date of Receipt
	Mailing Address 11201 RIVER OAKS	LN W		0 6 2 5 2 0 1 0
	City OSCEOLA	State IN	Zip Code 46561	Transaction ID: SA11AI.6747 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-weekly payroll deduction - \$25.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	
Ţ	SUBTOTAL of Receipts This Page (optional)			75.00
T.	TOTAL This Period (last page this line numbe	er only)		5394.42

TEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	l è	eck only	- ′ -	–	_	_		
		Summary Fage		21b 27	22 28a	23 28		24 28c	25 X 29	F
ny Information copied from such Reports and State r for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)	and addre	33 of arry political	001111111111	20 10 301	1011 00111111	oution	3 110111	50011		
OmniCare, Inc. Politcal Action Committee	ee									
Full Name (Last, First, Middle Initial) Mellon Financial					Transa Date of				.6566	
Mailing Address 500 Ross Street Room 1380					0 4	/	^D 2 2	/ [žoi	0
City Pittsburgh	State PA	Zip Code 15262-0001			Amour	nt of Ea	ach Di	sburse	ement this	s Perio
Purpose of Disbursement Account Analysis Fees - \$57.02			,						57.	02
Candidate Name			Catego	-						
Office Sought: House Disbur Senate President	Primary Other (spe	General ecify) ▼								
State: District:		•								
Full Name (Last, First, Middle Initial) Mellon Financial					Transa Date of		ursem	ent	.6648	
Mailing Address 500 Ross Street Room 1380					0 5	/	^D 2 4		ž01	0
City Pittsburgh	State PA	Zip Code 15262-0001			Amount of Each Disbursement this Po					
Purpose of Disbursement Account Analysis Fees - \$46.37 Candidate Name			Catego	•	L.				46.	37
Office Sought: House Senate President State: District:	rsement For: Primary Other (spe	General ♥	Туре	•						
Full Name (Last, First, Middle Initial) Mellon Financial					Transa Date of		ursem	ent	.6773	
Mailing Address 500 Ross Street Room 1380					0 6	/	^D 2 2		žoi	0
City Pittsburgh	State PA	Zip Code 15262-0001			Amour	nt of Ea	ach Di	sburse	ement this	
Purpose of Disbursement Account Analysis Fees - \$36.02									36.0	02
Candidate Name			Catego Type							
Office Sought: House Disbur Senate President	rsement For: Primary Other (spe	General ecify) ▼								
State: District:	- (34-	<i>→</i> / ▼								
										-
SUBTOTAL of Disbursements This Page (optiona	al)			•					139.4	41