11/23/2010 08:59

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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 A 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) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 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) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 02 2010 ΚY 11 Election on State of 10 14 2010 22 2010 11 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. Thomas R Marsh Type or Print Name of Treasurer Electronically Filed by Thomas R Marsh 11 22 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)

FE6AN026

Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/29 FEC Form 3X (Rev. 02/2003)

	Write or Type Committee Name OmniCare, Inc. Politcal Action Committee						
	Repor	t Covering the Period: From:	1 1 4 2 0 1 0 To	D D Y Y Y Y Y Y Y 2 2 2 2 0 1 0			
_			COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6.	(a)	Cash on Hand January 1 2010 Y Y Y		32353.40			
	(b)	Cash on Hand at Begining of Reporting Period	34876.87				
	(c)	Total Receipts (from Line 19)	2533.47	21592.29			
	(d)	Subtotal (add lines 6(b) and					
		6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37410.34	53945.69			
7.	Tota	al Disbursements (from Line 31)	57.23	16592.58			
8.	Rep	h on Hand at Close of porting Period	37353.11	37353.11			
	(sub	otract Line 7 from Line 6(d))	3/333.11	37333.11			
9.	Deb	ots and Obligations owed TO					

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)

Schedule C and/or Schedule D)

the committee (Itemize all on

0.00

0.00

X 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

3 / 29 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

OmniCare, Inc. Politcal Action Committee

Report Covering the Period:

м м 1 0

From:

D D 14

2 0 1 0

D D 22

^Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	2318.71	15802.79
(ii) Unitemized	214.76	5789.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2533.47	21592.29
(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)	2533.47	21592.29
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) 6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. 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))	2533.47	21592.29
). Total Federal Receipts (subtract Line 18(c) from Line 19)	2533.47	21592.29

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 29

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		L
	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	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	16500.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:		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 (add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	57.23	92.58
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(,) / 555.21 5.12.5	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	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	57.23	16592.58
32.	Total Federal Disbursements		
<i>_</i>	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	57.23	16592.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 29

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	2533.47	21592.29
Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	2533.47	21592.29
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 29 (check only one) X 11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	ne 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.
\angle		millee		
Α.	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
	Mailing Address 2050 DAMSON DRIV	10 15 2010		
	City	State	Zip Code	Transaction ID: SA11AI.7068
	VILLA HILLS FEC ID number of contributing	C	41017	Amount of Each Receipt this Period 41.67
	federal political committee.	C		
	Name of Employer OMNICARE, INC	Occupatio VP & CC	n ONTROLLER	Semi-Monthly Payroll Deduction - \$41.67
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		791.73	
— В.	Full Name (Last, First, Middle Initial) BRADLEYS ABBOTT			Date of Receipt
	Mailing Address 2050 DAMSON DRIV	10 29 2010		
	City	State	Zip Code	Transaction ID: SA11AI.7077
	VILLA HILLS	KY	41017	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	on ONTROLLER	Semi-Monthly Payroll Deduction - \$41.67
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		833.40	
_ C.	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
	Mailing Address 2050 DAMSON DRIV	1 1 1 5 2 0 1 0		
	City VILLA HILLS	State KY	Zip Code 41017	Transaction ID: SA11AI.7113
	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 & CC	on DNTROLLER	Semi-monthly Payroll Deduction - \$41.67
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 875.07	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		125.01
\vdash	TOTAL This Period (last page this line number		•	

i	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	ne name and ad	dress of any political cómmittee to	o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landi	ing Dr.		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.7031
	Plainfield FEC ID number of contributing federal political committee.	C	60586	Amount of Each Receipt this Period 15.00
	Name of Employer Omnicare of No. IL. Receipt For: Primary General	Occupation Pharmace Aggregate	sist e Year-to-Date ▼	Bi-Weekly Payroll Deduction - \$15.00
_ 3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landi	ing Dr.	315.00	Date of Receipt
		10 29 2010		
	City Plainfield	State IL	Zip Code 60586	Transaction ID: SA11AI.7055 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00000	15.00
	Name of Employer Omnicare of No. IL.	Occupatio Pharmac	cist	Bi-Weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	
-).	Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landi	Charles Agonis		
	City	State	Zip Code	1 1 1 2 2 0 1 0 Transaction ID: SA11AI.7099
	<u>Plainfield</u>	IL	60586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Omnicare of No. IL.	Occupation Pharmac	cist	Bi-Weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 345.00	
	SUBTOTAL of Receipts This Page (optional)	•		45.00

ľ	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 8 / 29 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	the 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 M
	City	State	Zip Code	Transaction ID: SA11AI.7069
	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	Date of Receipt		
	City	State	Zip Code	Transaction ID: SA11AI.7078
	BHAM	AL	35242	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 General Other (specify)	Aggregate	e Year-to-Date ▼ 840.00	
- C.	Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY CIRCLE			Date of Receipt 1 1 1 1 5 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7114
	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 Deduction - \$42.00
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 882.00	
	SUBTOTAL of Receipts This Page (optional))		126.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 29 (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	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
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	State PA C		Date of Receipt M
Receipt For: Primary General Other (specify)	VP Publi Aggregate	c Affairs e Year-to-Date ▼ 3800.00	
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 PA C Occupatio VP Publi Aggregate		Date of Receipt M M M
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 PA C Occupatio VP Publi Aggregate		Date of Receipt M M M J D D J 2010 Transaction ID: SA11AI.7116 Amount of Each Receipt this Period 200.00 Semi-monthly Payroll Deduction - \$200.00
SUBTOTAL of Receipts This Page (optional)		600.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 29 (check only one) X
0	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	he name and add	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) DONALD BARNES			Date of Receipt
۱.	Mailing Address 32 W CO RD 300 S			1 0 1 5 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7027
	GREENCASTLE	IN	46135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-Weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	
- 3.	Full Name (Last, First, Middle Initial) DONALD BARNES	Date of Receipt		
	Mailing Address 32 W CO RD 300 S			10 29 2010
	City	State	Zip Code	Transaction ID: SA11AI.7053
	GREENCASTLE FEC ID number of contributing federal political committee.	C	46135	Amount of Each Receipt this Period
	Name of Employer Occup OMNICARE, INC PHAR		n ACIST	Bi-Weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 330.00	
. -	Full Name (Last, First, Middle Initial) DONALD BARNES			Date of Receipt
	Mailing Address 32 W CO RD 300 S			1 1 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City GREENCASTLE	State IN	Zip Code 46135	Transaction ID: SA11AI.7096 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-Weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00	
	SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 29 (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. Political Action Committee (In Full)	Statements may not be sold or used by any pers he name and address of any political committee to mittee	on for the purpose of soliciting contributions o solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE LA City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC	State Zip Code OH 45243 C Occupation	Date of Receipt M M M			
Receipt For: Primary General Other (specify) ▼	SPECIAL ADVISOR TO CEO Aggregate Year-to-Date ▼ 1615.00				
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			
City	State Zip Code	Transaction ID: SA11AI.7079			
CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC	OH 45243 C Occupation	Amount of Each Receipt this Period 85.00 Semi-Monthly Payroll Deduction - \$85.00			
OMNICARE, INC Receipt For: Primary General Other (specify) ▼	SPECIAL ADVISOR TO CEO Aggregate Year-to-Date ▼ 1700.00				
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN		Date of Receipt			
Mailing Address 6210 NUEVELLE LA	Mailing Address 6210 NUEVELLE LANE				
CINCININATI	State Zip Code OH 45243	Transaction ID: SA11AI.7115			
CINCINNATI 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 ▼ 1785.00				
SUBTOTAL of Receipts This Page (optional)		255.00			

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 29 (check only one) X
A C	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)	ne 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.
/	Full Name (Last, First, Middle Initial)			
۱.	ROBERT F BRADY Mailing Address 753 ST ANNES			Date of Receipt
	City	State	Zip Code	1 0 1 5 2 0 1 0 Transaction ID: SA11AI.7064
	HOLLAND	OH	43528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer OMNICARE INC	Occupatio SALES	n	Semi-Monthly Payroll Dedu- ction - \$20.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	
_	Full Name (Last, First, Middle Initial) ROBERT F BRADY	Date of Receipt		
	Mailing Address 753 ST ANNES			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.7073
	HOLLAND	OH	43528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			20.00 Semi-Monthly Payroll Dedu-
	Name of Employer OMNICARE INC	Occupatio SALES	n	ction - \$20.00
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
_	Full Name (Last, First, Middle Initial) ROBERT F BRADY			Date of Receipt
	Mailing Address 753 ST ANNES			1 1 1 5 2 0 1 0
	City HOLLAND	State OH	Zip Code 43528	Transaction ID: SA11AI.7109 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC SALES			20.00
			n	Semi-monthly Payroll Deduction - \$20.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	
	SUBTOTAL of Receipts This Page (optional)	•		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 29 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Com	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
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 420.00	Date of Receipt M M J D D J Z D 1 D Z D 1 D Z D D Z D D Z D D Z D D Z D D D Z D D D D Z D
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 440.00	Date of Receipt M M J 29 / 2010 Transaction ID: SA11AI.7056 Amount of Each Receipt this Period 20.00 Bi-Weekly 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 460.00	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

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 29 (check only one) X
Any information copied from such Report or for commercial purposes, other than under the commercial purposes. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	sing the name and add	γ 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	ER CIRCI E		Date of Receipt
City BUFORD	State GA	Zip Code 30519	Transaction ID: SA11AI.7082 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer OMNICARE INC Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation PHARMA Aggregate		Bi-weekly Payroll Deduction - \$50.00
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMET	Date of Receipt		
City	State	Zip Code	Transaction ID: SA11AI.7062
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		Bi-Weekly Payroll Deduction - \$50.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) HAL J HENDERSON			Date of Receipt
Mailing Address 2908 PERIMET	ER CIRCLE		1 1 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7107
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	Name of Employer Occupation OMNICARE INC PHARMA		Bi-Weekly Payroll Deduction - \$50.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1150.00	
SUBTOTAL of Receipts This Page (opt	ional)		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for ea	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 15 / 29 (check only one) X
Any information copied from such Reports and State or for commercial purposes, other than using the notation NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Commit	ame and address of a	old or used by any perso ny political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) PATRICE L JOHNSON Mailing Address 19423 HICKORY PL City COUNTRY CLUB HILLS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip of IL 604 C Occupation GENERAL MANA Aggregate Year-to-I	AGER	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) PATRICE L JOHNSON Mailing Address 19423 HICKORY PL City COUNTRY CLUB HILLS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip 0 IL 604 C Occupation GENERAL MANA Aggregate Year-to-I	AGER	Date of Receipt M M / 29 / 2010 Transaction ID: SA11AI.7046 Amount of Each Receipt this Period 10.00 Bi-Weekly Payroll Deduction - \$10.00
Full Name (Last, First, Middle Initial) PATRICE L JOHNSON Mailing Address 19423 HICKORY PL City COUNTRY CLUB HILLS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip 0 IL 604 C Occupation GENERAL MANA Aggregate Year-to-I	AGER	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 2 2 0 1 0 Transaction ID: SA11AI.7091 Amount of Each Receipt this Period 10.00 Bi-Weekly Payroll Deduction - \$10.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		-	30.00

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, NAME OF COMMITTEE	other than using the name and a	ay not be sold or used by any person ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, M MARK G KOBASUK Mailing Address 7393 City CINCINNATI FEC ID number of contril federal political committee Name of Employer OMNICARE	PINEHURST DR State OH buting e. Occupati		Date of Receipt M
Receipt For:	 	RAL COUNSEL te Year-to-Date ▼ 663.10	
Full Name (Last, First, M MARK G KOBASUK Mailing Address 7393	, 		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: SA11AI.7076
CINCINNATI FEC ID number of contril federal political committee	buting e. C	45244	Amount of Each Receipt this Period 34.90
Name of Employer OMNICARE	Occupati GENER	ion RAL COUNSEL	Semi-Monthly Payroll Deduction - \$34.90
Receipt For: Primary Other (specify) ▼	Aggrega Aggrega	tte Year-to-Date ▼ 698.00	
Full Name (Last, First, M MARK G KOBASUK Mailing Address 7393	·		Date of Receipt
City	State	Zip Code	Transaction ID: SA11AI.7112
CINCINNATI FEC ID number of contril federal political committee		45244	Amount of Each Receipt this Period 34.90
Name of Employer OMNICARE	Occupati GENER	ion RAL COUNSEL	Semi-monthly Payroll Deduction - \$34.90
Receipt For: Primary Other (specify) ▼	Aggrega	tte Year-to-Date ▼ 732.90	
SUBTOTAL of Receipts TI	nis Page (optional)		104.70

Ι٦	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS In any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 29 (check only one) X
0	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Mead	dow Road		Date of Receipt
	City Southampton	State MA	Zip Code 01073	Transaction ID: SA11AI.7037 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Omnicare, Inc Receipt For: Primary General	Occupation Pharmace Aggregate		Bi-Weekly Payroll Deduction - \$40.00
 B.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Meac	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: SA11AI.7061
	Southampton FEC ID number of contributing federal political committee.	C	01073	Amount of Each Receipt this Period 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 ▼ 880.00	
 ;.	Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Meadow Road			Date of Receipt 1 1 1 2 2 0 1 0
	City	State	Zip Code	1 1 1 2 2 0 1 0 Transaction ID: SA11Al.7106
	Southampton FEC ID number of contributing federal political committee.	MA C	01073	Amount of Each Receipt this Period 40.00
	Name of Employer Omnicare, Inc	Occupation		Bi-Weekly Payroll Deduction - \$40.00
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 920.00	
ſ,	SUBTOTAL of Receipts This Page (optional)	1		120.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	OmniCare, Inc. Politcal Action Comr Full Name (Last, First, Middle Initial)	nittee		T		
A.	DALE LEWIS Mailing Address 117 PLUM POPPY No	ORTH		Date of Receipt 1 0 1 5 2 0 1 0		
	City MALTA	State NY	Zip Code 12020	Transaction ID: SA11AI.7034 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer OMNICARE, INC	Occupation PHARMA	ACIST	Bi-Weekly Payroll Deduction - \$20.00		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00			
В.	Full Name (Last, First, Middle Initial) DALE LEWIS Mailing Address 117 PLUM POPPY No	Date of Receipt				
	City	State	Zip Code	1 0 2 9 2 0 1 0 Transaction ID: SA11AI.7058		
	MALTA	NY	12020	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			20.00		
	Name of Employer OMNICARE, INC	Occupation PHARM/		Bi-Weekly Payroll Deduction - \$20.00		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00			
с. С.	Full Name (Last, First, Middle Initial) DALE LEWIS					
	Mailing Address 117 PLUM POPPY No			11 1 12 2010		
	City MALTA	State NY	Zip Code 12020	Transaction ID: SA11AI.7102 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	12020	20.00		
	Name of Employer OMNICARE, INC	Occupation PHARM/		Bi-Weekly Payroll Deduction - \$20.00		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 460.00			
	SUBTOTAL of Receipts This Page (optional) .			60.00		
Ì	TOTAL This Period (last page this line numbe		<u> </u>			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 29 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd 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
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co.	mmittee		
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE			Date of Receipt
Mailing Address 10428 KONSTANT	INE LANE		M M / D D / Y Y Y Y Y 1 1 0 1 5 2 0 1 0
City LOVELAND	State OH	Zip Code 45140	Transaction ID: SA11AI.7066 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	+51+0	25.00
Name of Employer OMNICARE, INC	Occupation VICE PR	n ESIDENT	Semi-Monthly Payroll Deduction - \$25.00
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 475.00	
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE			Date of Receipt
Mailing Address 10428 KONSTANT	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City LOVELAND	State OH	Zip Code 45140	Transaction ID: SA11AI.7075 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70170	25.00
Name of Employer OMNICARE, INC	Occupation VICE PR	n ESIDENT	Semi-Monthly Payroll Deduction - \$25.00
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE			Date of Receipt
Mailing Address 10428 KONSTANT	INE LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LOVELAND	State OH	Zip Code 45140	Transaction ID: SA11AI.7111
FEC ID number of contributing federal political committee.	C	+51+0	Amount of Each Receipt this Period 25.00
Name of Employer OMNICARE, INC VICE PR		n ESIDENT	Semi-monthly Payroll Dedu- ction - \$25.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 525.00	
SUBTOTAL of Receipts This Page (optional			75.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	o X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 29 (check only one)		
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	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 Co	ommittee				
Full Name (Last, First, Middle Initial) JAMES MATHIS			Date of Receipt		
Mailing Address 4308 BRUSH HILI	L ROAD		1 0 1 5 2 0 1 0		
City	State	Zip Code	Transaction ID: SA11AI.7065		
NASHVILLE FEC ID number of contributing federal political committee.	C	37216	Amount of Each Receipt this Period 21.00		
Name of Employer OMNICARE INC	Occupation	n RATE COMPLIANCE	Semi-Monthly Payroll Deduction - \$21.00		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 399.00			
Full Name (Last, First, Middle Initial) JAMES MATHIS	· · · · · · · · · · · · · · · · · · ·				
Mailing Address 4308 BRUSH HILI	10 29 2010				
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.7074		
FEC ID number of contributing federal political committee.		37210	Amount of Each Receipt this Period 21.00		
Name of Employer OMNICARE INC	Occupation	RATE COMPLIANCE	Semi-Monthly Payroll Deduction - \$21.00		
Receipt For: Primary General Other (specify) ▼	' ·	Year-to-Date ▼ 420.00			
Full Name (Last, First, Middle Initial) JAMES MATHIS	<u> </u>		Date of Receipt		
Mailing Address 4308 BRUSH HILI					
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.7110		
FEC ID number of contributing federal political committee.	FEC ID number of contributing		Amount of Each Receipt this Period 21.00		
Name of Employer OMNICARE INC CORPOL		RATE COMPLIANCE	Semi-monthly Payroll Deduction - \$21.00		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 441.00			
SUBTOTAL of Receipts This Page (option	nal)		63.00		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	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.
	OmniCare, Inc. Politcal Action Com	mittee		
۷.	Full Name (Last, First, Middle Initial) CHRISTOPHER PALEN			Date of Receipt
	Mailing Address 158 WORKS ROAD	10 15 2010		
	City	State	Zip Code	Transaction ID: SA11AI.7019
	HONEOYE FALLS FEC ID number of contributing	NY	14472	Amount of Each Receipt this Period
	federal political committee.	C		10.00
	Name of Employer OMNICARE INC	Occupatio GENERA	n AL MANAGER	Bi-Weekly Payroll Deduction - \$10.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
_	Full Name (Last, First, Middle Initial) CHRISTOPHER PALEN			Date of Receipt
	Mailing Address 158 WORKS ROAD	10 29 2010		
	City	State	Zip Code	Transaction ID: SA11AI.7043
	HONEOYE FALLS		14472	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00 Bi-Weekly Payroll Deducti-
	Name of Employer OMNICARE INC	Occupatio GENERA	n AL MANAGER	on - \$10.00
	Receipt For:		e Year-to-Date	
	Primary General Other (specify) ▼	0 0	220.00	
_	Full Name (Last, First, Middle Initial) CHRISTOPHER PALEN			Date of Receipt
	Mailing Address 158 WORKS ROAD			M M / D D / Y Y Y Y Y 1 1 1 1 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7088
	HONEOYE FALLS	NY	14472	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			10.00
	Name of Employer OMNICARE INC GENERA		n AL MANAGER	Bi-weekly Payroll Deduction - \$10.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 230.00	
Γ.	SUBTOTAL of Receipts This Page (optional)	1		30.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 29 (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 Comm	ne name and addre	not be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DARREN PARKS Mailing Address 3511 SORRENTO AV	VE		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City LOUISVILLE	State KY	Zip Code 40241	Transaction ID: SA11AI.7022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	C		Bi-Weekly Payroll Deducti-
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼	GENERAL	MANAGER fear-to-Date ▼ 210.00	on - \$10.00
Full Name (Last, First, Middle Initial) DARREN PARKS Mailing Address 3511 SORRENTO AV	VE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LOUISVILLE	State KY	Zip Code 40241	Transaction ID: SA11AI.7048 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer OMNICARE, INC	Occupation GENERAL	MANAGER	Bi-Weekly Payroll Deduction - \$10.00
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 220.00]
Full Name (Last, First, Middle Initial) DARREN PARKS			Date of Receipt
Mailing Address 3511 SORRENTO A\			11 1 12 2010
City LOUISVILLE	State KY	Zip Code 40241	Transaction ID: SA11AI.7093 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer OMNICARE, INC		MANAGER	Bi-Weekly Payroll Deduction - \$10.00
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 230.00	
			30.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 29 (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 person dress 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 City KINGWOOD FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Other (specify)	State TX C Occupation RVP - MA	Zip Code 77345 ANAGEMENT Year-to-Date 525.00	Date of Receipt 10 15 2010 Transaction ID: SA11AI.7036 Amount of Each Receipt this Period 25.00 Bi-Weekly Payroll Deduction - \$25.00
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 TX C Occupation RVP - MA	Zip Code 77345 ANAGEMENT Year-to-Date 550.00	Date of Receipt M M M / 29 / 2010 Transaction ID: SA11AI.7059 Amount of Each Receipt this Period 25.00 Bi-Weekly Payroll Deduction - \$25.00
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 TX C Occupation RVP - MA	Zip Code 77345 ANAGEMENT Year-to-Date 575.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional	l)		75.00

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 29 (check only one) X
4	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may the name and add	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 Com	nmittee		
۱.	Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE	LANE		Date of Receipt
		LANE		10 15 2010
	City INDIANAPOLIS	State IN	Zip Code 46237	Transaction ID: SA11AI.7033 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40207	20.00
	Name of Employer OMNICARE INC	Occupation PHARMA		Bi-Weekly Payroll Deduction - \$20.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
- s.	Full Name (Last, First, Middle Initial) ROBIN TAYLOR	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y		
	Mailing Address 4520 MOSS RIDGE			
	City	State	Zip Code	Transaction ID: SA11AI.7057
	INDIANAPOLIS	IN	46237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	al political committee.		20.00 Bi-Weekly Payroll Deducti-
	Name of Employer OMNICARE INC	Occupation PHARMA		on - \$20.00
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 440.00	
_	Full Name (Last, First, Middle Initial) ROBIN TAYLOR	Date of Receipt		
	Mailing Address 4520 MOSS RIDGE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City INDIANAPOLIS	State IN	Zip Code 46237	Transaction ID: SA11AI.7101 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40207	20.00
	Name of Employer OMNICARE INC	Occupation PHARMA		Bi-Weekly Payroll Deduction - \$20.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	
	SUBTOTAL of Receipts This Page (optional))		60.00

OSCEOLA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼ City State Zip Code Name of Employer OMNICARE, INC Pull Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. Primary General Oscupation City State Zip Code IN 46561 Bi-Weekl On - \$25. Date of F 1 0 Transact Amount of Cocupation PHARMACIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W City State Zip Code Date of F Bi-Weekl On - \$25. Bi-Weekl On - \$25. Bi-Weekl On - \$25. Date of F Mailing Address 11201 RIVER OAKS LN W City State Zip Code OSCEOLA IN 46561 FEC ID number of contributing federal political committee. C	NUMBER: PAGE 25 / 29 one) 11b 11c 12 14 15 16 17 ose of soliciting contributions
A. THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W City State Zip Code IN 46561 FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Primary General Other (specify) ▼ FUII Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W City State Zip Code IN 46561 FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC PHARMACIST Receipt For: Primary General Occupation PHARMACIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W City State Zip Code IN 46561 Receipt For: PHARMACIST Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W City State Zip Code IN 46561 Date of Fill Name (Last, First, Middle Initial) C. Full Name (Last, First, Middle Initial) City State Zip Code IN 46561 Full Name (Last, First, Middle Initial) City State Zip Code IN 46561 Full Name (Last, First, Middle Initial) City State Zip Code IN 46561 Amount of Employer OMNICARE, INC PHARMACIST Receipt For: Aggregate Year-to-Date ▼ State Zip Code IN 46561 Amount of Employer OMNICARE, INC PHARMACIST Receipt For: Aggregate Year-to-Date ▼	utions from such committee.
OSCEOLA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Name of Employer OMNICARE, INC Name (Last, First, Middle Initial) THOMAS TUCKER Name of Employer OMNICARE, INC Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) THOMAS TUCKER Name of Employer OMNICARE, INC Primary General Cc Ccupation PHARMACIST Receipt For: Primary General Occupation PHARMACIST Receipt For: Primary General Ccupation PHARMACIST Receipt For: Primary General Ccupation PHARMACIST Receipt For: Primary General Ccupation PHARMACIST Ccupation PHARMACIST Ccupation PHARMACIST Ccupation PHARMACIST Pagregate Year-to-Date ▼ Date of F Mailing Address 11201 RIVER OAKS LN W City OSCEOLA IN 46561 Date of F Mailing Address 11201 RIVER OAKS LN W City OSCEOLA Receipt For: Primary General Ccupation PHARMACIST Receipt For: PC ID number of contributing federal political committee. Ccupation PHARMACIST Receipt For: PC ID number of contributing federal political committee. Receipt For: PC ID number of contributing federal political committee. Receipt For: PC ID number of contributing federal political committee. Receipt For: PC ID number of contributing federal political committee. Receipt For: PC ID number of contributing federal political committee. Receipt For: PC ID number of contributing federal political committee. Receipt For: PC ID number of contributing federal political committee. Receipt For: PC ID number of contributing federal political committee. PC ID number of contributing federal political committee. Receipt For: PC ID number of contributing federal political committee. Receipt For: PC ID number of contributing federal political committee. Receipt For: PC ID number of contributing federal political committee. Receipt For: PC ID number of contributing federal political committee. Receipt For: PC ID number of contributing federal political committee. Receipt For: PC ID number of contributing federal political committee. Receipt Fo	•
FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC PHARMACIST	tion ID: SA11AI.7035
OMNICARE, INC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code IN 46561 FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. FULL Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Full Name (Last, First, Middle Initial) City State Zip Code Transact Mailing Address 11201 RIVER OAKS LN W City State Zip Code Transact OSCEOLA IN 46561 Full Name (Last, First, Middle Initial) City State Zip Code Transact OSCEOLA IN 46561 Amount of Cocupation PhARMACIST Primary General Occupation PhARMACIST Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation PhARMACIST Receipt For: Aggregate Year-to-Date ▼	of Each Receipt this Period 25.00
B. THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W City State Zip Code	ly Payroll Deducti- .00
City State Zip Code IN 46561 FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC PHARMACIST Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W City State Zip Code Transact OSCEOLA IN 46561 FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC PHARMACIST Receipt For: Aggregate Year-to-Date ▼ State Zip Code Transact OSCEOLA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC PHARMACIST Receipt For: Aggregate Year-to-Date ▼ Primary General F75 00	Date of Receipt
OSCEOLA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W City State Zip Code Transact OSCEOLA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Name of Employer OMNICARE, INC Receipt For: Name of Employer OMNICARE, INC Receipt For: Primary General Amount of C Bi-Weekl on - \$25.	tion ID: SA11AI.7060
Receipt For: Primary General	of Each Receipt this Period
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W City OSCEOLA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General PHARMACIST Aggregate Year-to-Date ▼ Date of F Mill 1 11 Transact Amount of Employer OMNICARE, INC PHARMACIST Aggregate Year-to-Date ▼ Bi-Weekl on - \$25.	25.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W City State Zip Code OSCEOLA IN 46561 FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Date of F Transact Amount of C Bi-Weekl on - \$25.	ly Payroll Deducti- .00
THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W City State Zip Code Transact OSCEOLA IN 46561 FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General Date of F M M M 1 1 C Transact Amount of State Zip Code Transact Transact Amount of State Zip Code Transact	
OSCEOLA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Amount of Amount of C Amount of C Amount of C Bi-Weekl on - \$25.	· _ ·
FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General C Occupation PHARMACIST Aggregate Year-to-Date	tion ID: SA11Al.7104
Faceipt For: Primary General Occupation PHARMACIST Aggregate Year-to-Date Faceipt For: Primary General Bi-Weekl on - \$25.	of Each Receipt this Period
PHARMACIST Receipt For: Primary General PHARMACIST Aggregate Year-to-Date ▼	25.00
Primary General 575.00	ly Payroll Deducti- .00
Other (specify)	
SUBTOTAL of Receipts This Page (optional)	75.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	OmniCare, Inc. Politcal Action Com	mittee		
	Full Name (Last, First, Middle Initial) Tim Waters	Date of Receipt		
	Mailing Address 47 Terra Ave.			10 15 2010
	City	State	Zip Code	Transaction ID: SA11AI.7029
	Alexandria	LA	71303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Omnicare, Inc.	Occupation Pharmacis		Bi-Weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 315.00	
	Full Name (Last, First, Middle Initial) Tim Waters			Date of Receipt
	Mailing Address 47 Terra Ave.	10 29 2010		
	City	State	Zip Code	Transaction ID: SA11AI.7051
	Alexandria	LA 71303		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00 Bi-Weekly Payroll Deducti-
	Name of Employer Omnicare, Inc.	Occupation Pharmacis	st	on - \$15.00
	Receipt For: Primary General	Aggregate \	Year-to-Date ▼	_
	Other (specify)	0 0	330.00	
	Full Name (Last, First, Middle Initial) Tim Waters			Date of Receipt
	Mailing Address 47 Terra Ave.	1 1 1 2 2 0 1 0		
	City	·		
	Alexandria	LA	71303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			15.00
	Name of Employer Omnicare, Inc.	Occupation Pharmacis	st	Bi-Weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 345.00	
	SUBTOTAL of Receipts This Page (optional)	•		45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 29 (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 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) Thomas Weiss Mailing Address 1601 Springdale Ro City	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Cherry Hill FEC ID number of contributing federal political committee.	State NJ	Zip Code 08003	Transaction ID: SA11AI.7108 Amount of Each Receipt this Period 10.00
Name of Employer Omnicare, Inc Receipt For: Primary Other (specify)		Manager/Business Process A Year-to-Date ▼ 210.00	Semi-monthly Payroll Dedu- ction - \$10.00 Archi
Full Name (Last, First, Middle Initial) MICHAEL WOOD Mailing Address 3458 MIDAS RIDGE LANE			Date of Receipt 1 0 1 5 2 0 1 0
City RIVERTON FEC ID number of contributing	State UT	Zip Code 84065	Transaction ID: SA11AI.7020 Amount of Each Receipt this Period 10.00
Name of Employer OMNICARE INC Receipt For: Primary General	Occupation PHARMA		Bi-Weekly Payroll Deduction - \$10.00
Other (specify) Full Name (Last, First, Middle Initial) MICHAEL WOOD		210.00	Date of Receipt
Mailing Address 3458 MIDAS RIDGE LANE City State Zip Code			1 0 2 9 2 0 1 0 Transaction ID: SA11AI.7047
RIVERTON FEC ID number of contributing federal political committee.	C	84065	Amount of Each Receipt this Period 10.00
Name of Employer OMNICARE INC Receipt For:	Occupation PHARMA Aggregate		Bi-Weekly Payroll Deduction - \$10.00
Primary General Other (specify) ▼	0 0	220.00	
SUBTOTAL of Receipts This Page (optional	l)		30.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 29 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	he name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) MICHAEL WOOD Mailing Address 3458 MIDAS RIDGE City RIVERTON FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State UT C Occupation PHARMA		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 ZANDRI Mailing Address 8215 ROYAL SCARI City BALDWINSVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State NY C Occupation PHARMA	Zip Code 13027 n ACIST/AREA MANAGER Year-to-Date ▼ 315.00	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 ZANDRI Mailing Address 8215 ROYAL SCARI City BALDWINSVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State NY C Occupation PHARMA	Zip Code 13027 n ACIST/AREA MANAGER e Year-to-Date 330.00	Date of Receipt M M / 29 / 2010 Transaction ID: SA11AI.7054 Amount of Each Receipt this Period 15.00 Bi-Weekly Payroll Deduction - \$15.00
SUBTOTAL of Receipts This Page (optional)			40.00

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 29 / 29	
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X
Ar or	ny information copied from such Reports and Star for commercial purposes, other than using the na	tements ma ame and ad	y not be sold or used by any persor dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	OmniCare, Inc. Politcal Action Committee	tee		
	Full Name (Last, First, Middle Initial) MICHAEL ZANDRI			Date of Receipt
Mailing Address 8215 ROYAL SCARLET DRIVE				11 1 12 YYYY 2010
	City	State	Zip Code	Transaction ID: SA11AI.7098
	BALDWINSVILLE	NY	13027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer OMNICARE INC	Occupation PHARMA	n ACIST/AREA MANAGER	Bi-Weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional)	•	15.00
TOTAL This Period (last page this line number only)	•	2318.71