Image# 12952316423 PAGE 1 / 62

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Author	izea Committee	Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
OmniCare, Inc. Politca	al Action Committee			
<u> </u>				
ADDRESS (number and street)	1600 River Center II			
Check if different	100 East River Center Blvd			
than previously reported. (ACC)	Covington		KY 41101 - L	
2. FEC IDENTIFICATION N	UMBER ▼ CITY ▲		STATE ▲ ZIP CODE ▲	
C C00392886	3. IS THE		AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On: Feb 20		(Non-Elect Year Only)	tiòn () (M12)
(a) Quarterly Reports:	Apr 20	(M4) Jul 20 (M7)	Year Only	')
April 15 Quarterly Report (0	Q1) (c) 12-Day	Primary (12P)	General (12G) Runoff ((12R)
X July 15 Quarterly Report (C	PPE Floation	Convention (12C)	Special (12S)	/
October 15 Quarterly Report (0	_	Convention (120)	Opedial (120)	
January 31 Year-End Report (Y	(E) Election or	n	in the State of	
July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special	(30S)
Termination Report (TER)	Election or	n//	in the State of	
5. Covering Period 04		through 06	30 / 2012	
I certify that I have examined th	nis Report and to the best of my	knowledge and belief it is	true, correct and complete.	
Type or Print Name of Treasure	er Regis T Robbins			
Signature of Treasurer Regi.	s T Robbins	[Electronically Filed]	Date 07 12 / Y 2012	YYY
NOTE: Submission of false, erron	eous, or incomplete information ma	ay subject the person signing	this Report to the penalties of 2 U.S.C. §4	137g.
Office Use Only			FEC FORM 3X Rev. 12/2004	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name OmniCare, Inc. Politcal Action Committee 2012 06 30 2012 Report Covering the Period: 04 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 30143.20 January 1, 2012 (b) Cash on Hand at 36294.69 Beginning of Reporting Period..... 39002.23 18850.74 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 55145.43 69145.43 6(a) and 6(c) for Column B)..... 15000.00 29000.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 40145.43 40145.43 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

the Committee (Itemize all on Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY

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

For further information contact:

0.00

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

	OmniCare, Ir	nc. Politcal	Action C	Committee
--	--------------	--------------	----------	-----------

Repo	ort Covering the Period: From: 04		e: 06 / 30 / 2012
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. C	ontributions (other than loans) From: a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	10335.00	22330.01
	(ii) Unitemized(iii) TOTAL (add	8039.40	16195.88
	Lines 11(a)(i) and (ii)	18374.40	38525.89
(b	,	0.00	0.00
(d	(such as PACs)	0.00	0.00
12. Tı	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ransfers From Affiliated/Other	18374.40	38525.89
	arty Committees	0.00	0.00
13. A	Il Loans Received	0.00	0.00
15. O	pan Repayments Receivedffsets To Operating Expenditures	0.00	0.00
(C 16. R	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) efunds of Contributions Made	476.34	476.34
Р	Federal Candidates and Other olitical Committees ther Federal Receipts	0.00	0.00
([Dividends, Interest, etc.)ansfers from Non-Federal and Levin Funds	0.00	0.00
(a	Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))▶	18850.74	39002.23
	otal Federal Receipts ubtract Line 18(c) from Line 19) ▶	18850.74	39002.23

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements COLUMN A Total This Period				
Operating Expenditures: — (a) Allocated Federal/Non-Federal	Total Tillo Totlou	Calendar Year-to-Date			
Activity (from Schedule H4)	0.00	0.00			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating					
Expenditures	0.00	0.00			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00			
Transfers to Affiliated/Other Party					
Committees Contributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	15000.00	29000.00			
Independent Expenditures (use Schedule E)	0.00	0.00			
Coordinated Party Expenditures					
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans MadeRefunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees (such as PACs)	0.00	0.00			
_					
(d) Total Contribution Refunds	0.00	0.00			
(add Lines 28(a), (b), and (c))▶	0.00	0.00			
Other Disbursements	0.00	0.00			
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)	0.00	0.00			
(i) Federal Share	0.00				
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely	0.00	0.00			
With Federal Funds	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15000.00	29000.00			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	15000.00	29000.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-			
penditures		Calendar Year-to-Date	
3. Total Contributions (other than loans)			
(from Line 11(d), page 3)	18374.40	38525.89	
Total Contribution Refunds			
(from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans)			
(subtract Line 34 from Line 33)	18374.40	38525.89	
6. Total Federal Operating Expenditures			
(add Line 21(a)(i) and Line 21(b))▶	0.00	0.00	
7. Offsets to Operating Expenditures			
(from Line 15, page 3)	476.34	476.34	
Net Operating Expenditures			
(subtract Line 37 from Line 36)	-476.34	-476.34	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 6 OF 62 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Commi	ittee	
Receipt For: Primary General Other (specify) ▼ Aggregation	Zip Code 41076 tion al Vice President ate Year-to-Date ▼	Date of Receipt M M O O O 2012 Transaction ID: SA11AI.9474 Amount of Each Receipt this Period 40.00 Biweekly Payroll Deduction
Possint For:	Zip Code 41076 tion Il Vice President ate Year-to-Date ▼ 280.00	Date of Receipt M
Pagaint For:	Zip Code 19468 tion lic Affairs ate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	·····	280.00

	FOR LINE N	:	PAGE	:	1	
Use separate schedule(s) for each category of the	(check only	one)				
Detailed Summary Page	X 11a	11b		11c		12
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OF

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	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Actio	n Committee	
Full Name (Last, First, Middle Initial) A. Paul Baldwin Mailing Address 208 Old Mill Road		Date of Receipt
		04 27 2012
City	State Zip Code	Transaction ID : SA11AI.9005
Royersford	PA 19468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare, Inc	VP Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	
Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road		Date of Receipt
		05 11 2012
City	State Zip Code	Transaction ID : SA11AI.9118
Royersford	PA 19468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare, Inc	VP Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 208 Old Mill Road		05 25 2012
City Royersford	State Zip Code PA 19468	Transaction ID : SA11AI.9240 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare, Inc	VP Public Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2200.00	
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: **PAGE** 8 OF 62 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 08 2012 City State Zip Code Transaction ID: SA11AI.9476 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation VP Public Affairs Omnicare. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 06 22 2012 City State Zip Code Transaction ID: SA11AI.9359 PA Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc VP Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Darold R. Barnes Date of Receipt Mailing Address 2012 04 27 City State Zip Code Transaction ID: SA11AI.9006 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Bi-weekly Payroll Deduction - \$15 Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 440.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 9 OF 62 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Darold R. Barnes Date of Receipt Mailing Address 2012 City Zip Code State Transaction ID: SA11AI.9119 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Bi-weekly Payroll Deduction - \$15 Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Darold R. Barnes Date of Receipt Mailing Address 05 25 2012 City State Zip Code Transaction ID: SA11AI.9241 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Bi-weekly Payroll Deduction - \$15 Receipt For: Aggregate Year-to-Date ▼ Primary General 290.00 Other (specify) Full Name (Last, First, Middle Initial) c. Darold R. Barnes Date of Receipt Mailing Address 80 06 2012 City State Zip Code Transaction ID: SA11AI.9477 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Bi-weekly Payroll Deduction - \$15 Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	and Statements may not be sold or used by any pel ag the name and address of any political committee	
NAME OF COMMITTEE (In Full)	ion Committee	
OmniCare, Inc. Politcal Acti	ion Committee	
Full Name (Last, First, Middle Initial) A. Darold R. Barnes		Date of Receipt
Mailing Address		06 22 2012
City	State Zip Code	Transaction ID : SA11AI.9360
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Bi-weekly Payroll Deduction - \$15		
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	370.00	
Full Name (Last, First, Middle Initial) 3. Ross Brickley		Date of Receipt
Mailing Address 5408 Quetzel Ct.		M = M / D = D / Y = Y = Y
City	State Zip Code	06 08 2012
Garner	NC 27529	Transaction ID : SA11AI.9482
	1020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare, Inc.	RSA Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) C. Ross Brickley	'	Date of Receipt
Mailing Address 5408 Quetzel Ct.		06 22 2012
City	State Zip Code	Transaction ID : SA11AI.9365
Garner	NC 27529	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare, Inc.	RSA Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	280.00	
SURTOTAL of Possints This Poss (artism		120.00
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for each category of the Detailed Summary Page	X 118	à 🗌	11b		11c		12			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Timothy J Canning Date of Receipt Mailing Address 2012 27 City Zip Code State Transaction ID: SA11AI.9013 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy J Canning Date of Receipt Mailing Address 05 2012 11 City State Zip Code Transaction ID: SA11AI.9126 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy J Canning Date of Receipt Mailing Address 25 2012 05 City State Zip Code Transaction ID: SA11AI.9248 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page	X	11a		11b		11c		12			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Timothy J Canning Date of Receipt Mailing Address 08 2012 City Zip Code State Transaction ID: SA11AI.9484 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy J Canning Date of Receipt Mailing Address 06 22 2012 City State Zip Code Transaction ID: SA11AI.9367 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Randall Carpenter Date of Receipt Mailing Address 2012 04 13 City State Zip Code Transaction ID: SA11AI.8900 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify)

300.00

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

	FOR LINE NUMBER:	PAGE	13 OF	62
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15] ₁₆ [717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Randall Carpenter Date of Receipt Mailing Address 04 2012 27 City Zip Code State Transaction ID: SA11AI.9015 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) B. Randall Carpenter Date of Receipt Mailing Address 05 2012 11 City State Zip Code Transaction ID: SA11AI.9128 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Randall Carpenter Date of Receipt Mailing Address 25 2012 05 City State Zip Code Transaction ID: SA11AI.9250 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

SCHEDULE A (FEC Form 3X)

	FOF	R LINE	NU	IMBER	:	PAGE	•	14 OF	=	62
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Randall Carpenter Date of Receipt Mailing Address 80 2012 City Zip Code State Transaction ID: SA11AI.9486 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Randall Carpenter Date of Receipt Mailing Address 06 22 2012 City State Zip Code Transaction ID: SA11AI.9369 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 2012 04 13 City State Zip Code Transaction ID: SA11AI.8905 OH CINCINNATI 45244 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation VP OF OPERATIONS FINANCE OMNICARE, INC Receipt For:

SUBTOTAL of Receipts This Page (optional)			7		Ξ	7	Ξ	3	00.0	0	
TOTAL This Period (last page this line number only)	_	_	7	_		7	_	_			

800.00

Aggregate Year-to-Date ▼

Primary

Other (specify)

General

	FOF	R LINE	NU	MBER	:	PAGE	_ ′	15	OF	62
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any pering the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Act	ion Committee	
Full Name (Last, First, Middle Initial) A. ROBERT DRIES Mailing Address 2018 MEADOWCREEK	DDIVE	Date of Receipt
Mailing Address 8018 MEADOWCREEK		04 27 7 2012
City CINCINNATI	State Zip Code OH 45244	Transaction ID : SA11AI.9020 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer OMNICARE, INC	Occupation VP OF OPERATIONS FINANCE	Biweekly Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) ROBERT DRIES Mailing Address 8018 MEADOWCREEK	DRIVE	Date of Receipt
City	State Zip Code	05 11 2012 Transaction ID : SA11AI.9135
CINCINNATI	OH 45244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer OMNICARE, INC	Occupation VP OF OPERATIONS FINANCE	Biweekly Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)	<u>'</u>	Date of Receipt
Mailing Address 8018 MEADOWCREEK		05 25 2012
City CINCINNATI	State Zip Code OH 45244	Transaction ID : SA11AI.9256 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
OMNICARE, INC Receipt For:	VP OF OPERATIONS FINANCE	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (option	al)	300.00
TOTAL This Period (last page this line nu	mber only)	

	1 1 1 / \	R LINE	NU	MBER	:	PAGE	1	6	OF	(62
Use separate schedule(s)	(ch	(check only one)									
for each category of the Detailed Summary Page		K 11a		11b		11c		12			
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not be sold or used by any pedress of any political committee											

	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
OmniCare, Inc. Politcal Action	on Committee	
Full Name (Last, First, Middle Initial) A. ROBERT DRIES		Date of Receipt
Mailing Address 8018 MEADOWCREEK D	DRIVE	06 08 2012
City	State Zip Code	Transaction ID : SA11AI.9492
CINCINNATI	OH 45244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
OMNICARE, INC	VP OF OPERATIONS FINANCE	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial) ROBERT DRIES		Date of Receipt
Mailing Address 8018 MEADOWCREEK D	PRIVE	M = M / D = D / Y = Y = Y
City	Chate 7'- O-3	06 22 2012
CINCININATI	State Zip Code	Transaction ID : SA11AI.9375
CINCINNATI	OH 45244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
OMNICARE, INC	VP OF OPERATIONS FINANCE	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1300.00	
Full Name (Last, First, Middle Initial) Brian Egan		Date of Receipt
Mailing Address		05 25 2012
City	State Zip Code	Transaction ID : SA11AI.9257 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		
Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optiona	1)	220.00
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TOTAL This Period (last page this line num	ber only)	

	FOF	R LINE	NU	IMBER	:	PAGE	· 1	17 OF	62
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for each category of the Detailed Summary Page		11a		11b		11c		12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Brian Egan Date of Receipt Mailing Address 80 2012 City State Zip Code Transaction ID: SA11AI.9493 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian Egan Date of Receipt Mailing Address 06 2012 22 City Zip Code State Transaction ID: SA11AI.9376 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify)

Full Name (Last, First, Middle Initial) W G Erwin		Date of Receipt
Mailing Address		04 27 2012
City	State Zip Code	Transaction ID : SA11AI.9022
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

140.00

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or for commercial purposes, other than us	s and Statements may not be sold or used by any per sing the name and address of any political committee	
OmniCare, Inc. Politcal Ac	ction Committee	
Full Name (Last, First, Middle Initial) W G Erwin Mailing Address		Date of Receipt
		05 11 2012
City	State Zip Code	Transaction ID : SA11AI.9137
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	Biweekly Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) W G Erwin		Date of Receipt
Mailing Address City	State Zip Code	05 25 2012 Transaction ID : SA11AI.9258
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period 100.00 Biweekly Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)	I .	Date of Receipt
Mailing Address		06 08 2012
City	State Zip Code	Transaction ID : SA11AI.9494 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (ontic	onal)	300.00
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 19 OF 62 Use separate schedule(s) (check only one)

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Act	ion Committe	e								
Full Name (Last, First, Middle Initial)			Date of Receipt							
Mailing Address			06 22 2012							
City	State	Zip Code	Transaction ID : SA11AI.9377 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer	Occupation		Biweekly Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00								
Full Name (Last, First, Middle Initial) MELINDA FERRIS			Date of Receipt							
Mailing Address 2036 BERKSHIRE RD	06 08 2012									
City COLUMBUS	State OH	Zip Code 43221	Transaction ID : SA11AI.9497 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		40.00							
Name of Employer OMNICARE INC	Occupation PHARMACI	ST	Biweekly Payroll Deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00								
Full Name (Last, First, Middle Initial) C. MELINDA FERRIS	1		Date of Receipt							
Mailing Address 2036 BERKSHIRE RD			06 22 2012							
City COLUMBUS	State OH	Zip Code 43221	Transaction ID : SA11AI.9380 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		40.00							
Name of Employer	Occupation		Biweekly Payroll Deduction							
OMNICARE INC	PHARMAC	ST								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00								
SUBTOTAL of Receipts This Page (option	al))	180.00							
TOTAL This Period (last page this line nu	mber only)									

	FOR LINE NUMBER: PAGE 20	OF 62
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for each category of the Detailed Summary Page	X 11a 11b 11c 1	2
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NAME OF COMMITTEE (In Full)		
OmniCare, Inc. Politcal Action (Committee	
Full Name (Last, First, Middle Initial) John Figueroa		Date of Receipt
Mailing Address 8386 Kugler Mill Road		04 13 2012
City	State Zip Code	Transaction ID : SA11AI.8911
Cincinnati	OH 45243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) 3. John Figueroa		Date of Receipt
Mailing Address 8386 Kugler Mill Road		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	04 27 2012 Transaction ID : SA11AI.9026
Cincinnati	OH 45243	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare	CEO	•
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial) . John Figueroa		Date of Receipt
Mailing Address 8386 Kugler Mill Road		05 11 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.9141
Cincinnati	OH 45243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		300.00
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	Statements may not be sold or used by any personne name and address of any political committee to	
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	n Committee	
Full Name (Last, First, Middle Initial) John Figueroa Mailing Address 8386 Kugler Mill Road		Date of Receipt
City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For:	State Zip Code OH 45243 C Occupation CEO Aggregate Year-to-Date ▼	Transaction ID : SA11AI.9262 Amount of Each Receipt this Period 100.00 Biweekly Payroll Deduction
Primary General Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) John Figueroa Mailing Address 8386 Kugler Mill Road City	State 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
Cincinnati FEC ID number of contributing federal political committee.	OH 45243	Transaction ID : SA11AI.9498 Amount of Each Receipt this Period 100.00
Name of Employer Omnicare Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate Year-to-Date ▼ 1200.00	Biweekly Payroll Deduction
Full Name (Last, First, Middle Initial) Ivan L Gordon Mailing Address	Chate Tip Code	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Z = Z = Z =
FEC ID number of contributing federal political committee. Name of Employer	State Zip Code C Occupation	Amount of Each Receipt this Period 20.00 Biweekly Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	>	220.00
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NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Ac	ction Committee	
Full Name (Last, First, Middle Initial) Ivan L Gordon		Date of Receipt
Mailing Address		06 08 2012
City	State Zip Code	Transaction ID : SA11AI.9505
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00 Biweekly Payroll Deduction
Name of Employer	Occupation	S. Sony i dyron Boddollon
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) 3. Ivan L Gordon		Date of Receipt
Mailing Address City	State Zip Code	06 22 2012 Transaction ID : SA11AI.9387 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00 Biweekly Payroll Deduction
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		04 13 2012
City	State Zip Code	Transaction ID : SA11AI.8920 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (ontic	onal)	140.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) John Gould Date of Receipt Mailing Address 2012 27 City Zip Code State Transaction ID: SA11AI.9035 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Gould Date of Receipt Mailing Address 05 2012 11 City State Zip Code Transaction ID: SA11AI.9150 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Gould Date of Receipt Mailing Address 2012 05 25 City State Zip Code Transaction ID: SA11AI.9271 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00

300.00			,		
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Other (specify)

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

FOR LINE NUMBER: PAGE 24 OF 62 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) John Gould Date of Receipt Mailing Address 2012 08 City Zip Code State Transaction ID: SA11AI.9506 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Gould Date of Receipt Mailing Address 06 22 2012 City State Zip Code Transaction ID: SA11AI.9388 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Terry Harris Date of Receipt Mailing Address 5649 Autumn Chase Circle 80 06 2012 City State Zip Code Transaction ID: SA11AI.9508 FL Sanford 32773 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Sr. Director - Ops Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	F	OR	LINE	NU	MBER	PAGE	2	25	OF	62	
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Detailed Summary Page		X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Terry Harris Date of Receipt Mailing Address 5649 Autumn Chase Circle 2012 City State Zip Code Transaction ID: SA11AI.9390 FL Sanford 32773 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Sr. Director - Ops Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Hal O Henderson Date of Receipt Mailing Address 04 13 2012 City State Zip Code Transaction ID: SA11AI.8924 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Hal O Henderson Date of Receipt Mailing Address 2012 04 27 City State Zip Code Transaction ID: SA11AI.9039 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional).....

	FOR	LINE	NU	MBER	:	PAGE	2	26 OF	=	62
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Hal O Henderson Date of Receipt Mailing Address 2012 City Zip Code State Transaction ID: SA11AI.9154 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Hal O Henderson Date of Receipt Mailing Address 05 25 2012 City State Zip Code Transaction ID: SA11AI.9275 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General

550.00 Other (specify) Full Name (Last, First, Middle Initial) c. Hal O Henderson Date of Receipt Mailing Address 80 2012 06 City State Zip Code Transaction ID: SA11AI.9510 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify)

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

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

150.00

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Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c 12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Hal O Henderson Date of Receipt Mailing Address 2012 City State Zip Code Transaction ID: SA11AI.9392 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 04 2012 27 City Zip Code State Transaction ID: SA11AI.9041 Palm Harbor FL 34685 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. DCO

	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
C.	Full Name (Last, First, Middle Initial) Richard Hood Mailing Address 3440 Brian Rd. South City	State Zip Code	Date of Receipt 05 11 2012 Transaction ID: SA11AI.9156
	Palm Harbor	FL 34685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00 Biweekly Payroll Deduction
	Name of Employer	Occupation	Sincolay Fayron Boadolon
	Omnicare, Inc.	DCO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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250.00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 28 OF 62 Use separate schedule(s) (check only one)

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Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	nittee	
Full Name (Last, First, Middle Initial) Richard Hood Mailing Address 3440 Brian Rd. South City State Palm Harbor FL FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) One of the state of	34685	Date of Receipt Mark
Full Name (Last, First, Middle Initial) Richard Hood Mailing Address 3440 Brian Rd. South City State Palm Harbor FL FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Aggree	34685	Date of Receipt 06 08 2012 Transaction ID: SA11AI.9512 Amount of Each Receipt this Period 100.00 Biweekly Payroll Deduction
Full Name (Last, First, Middle Initial) Richard Hood Mailing Address 3440 Brian Rd. South City State Palm Harbor FL FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Occupa	34685	Date of Receipt 06 22 2012 Transaction ID : SA11AI.9394 Amount of Each Receipt this Period 100.00 Biweekly Payroll Deduction
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 04 2012 27 City State Zip Code Transaction ID: SA11AI.9045 MA Franklin 02038 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 05 2012 11 City State Zip Code Transaction ID: SA11AI.9160 MA Franklin 02038 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 05 25 2012 City State Zip Code Transaction ID: SA11AI.9281 MA Franklin 02038 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 08 2012 City State Zip Code Transaction ID: SA11AI.9516 MA 02038 Franklin Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 06 22 2012 City State Zip Code Transaction ID: SA11AI.9398 MA 02038 Franklin Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Andrew H Kowal Date of Receipt Mailing Address 153 R Pomeroy Meadow Road 2012 04 13 City State Zip Code Transaction ID: SA11AI.8936 MA Southampton 01073 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Pharmacist Omnicare, Inc

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Aggregate Year-to-Date ▼

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Primary

Other (specify)

General

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or for commercial purposes, o	ther than using the name and	address of any political	committee to solicit contributions	from such committee.
NAME OF COMMITTEE (Ir	n Full)			

NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Actio	n Committee	
Full Name (Last, First, Middle Initial) A. Andrew H Kowal Mailing Address 153 R Pomeroy Meadow R	Poad	Date of Receipt
	State Zip Code	04 27 2012
City Southampton	MA 01073	Transaction ID : SA11AI.9051 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Omnicare, Inc	Occupation Pharmacist	- Biweekly Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Andrew H Kowal		Date of Receipt
Mailing Address 153 R Pomeroy Meadow R	oad	05 11 2012
City Southampton	State Zip Code MA 01073	Transaction ID : SA11AI.9166 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Omnicare, Inc	Occupation Pharmacist	- Biweekly Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) C. Andrew H Kowal		Date of Receipt
Mailing Address 153 R Pomeroy Meadow F	Road	05 25 2012
City Southampton	State Zip Code MA 01073	Transaction ID : SA11AI.9287 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Omnicare, Inc	Occupation Pharmacist	Biweekly Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	30.00
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NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Actio	the name and address of any political committee n Committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Kraft Mailing Address 233 Burns Ave City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify)	State Zip Code OH 45215 C Occupation CPA Aggregate Year-to-Date ▼ 900.00	Date of Receipt M M 27 2012 Transaction ID: SA11AI.9052 Amount of Each Receipt this Period 100.00 Biweekly Payroll Deduction
Full Name (Last, First, Middle Initial) Robert Kraft Mailing Address 233 Burns Ave City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify)	State Zip Code OH 45215 C Occupation CPA Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 05 11 2012 Transaction ID: SA11AI.9167 Amount of Each Receipt this Period 100.00 Biweekly Payroll Deduction
Full Name (Last, First, Middle Initial) Robert Kraft Mailing Address 233 Burns Ave City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify)	State Zip Code OH 45215 C Occupation CPA Aggregate Year-to-Date ▼ 1100.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	300.00

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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action C	Committee	
Full Name (Last, First, Middle Initial) Donna M Lecky Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼ 360.00	Date of Receipt O4 27 2012 Transaction ID: SA11AI.9055 Amount of Each Receipt this Period 40.00 Biweekly Payroll Deduction
Full Name (Last, First, Middle Initial) Donna M Lecky Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼ 400.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Donna M Lecky Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼ 440.00	Date of Receipt 05
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NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	ommittee	
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OMNICARE, INC	State Zip Code NY 12020 C C C C C C C C C C C C C	Date of Receipt M M M / 22 2012 Transaction ID: SA11AI.9411 Amount of Each Receipt this Period 20.00 Biweekly Payroll Deduction
Descript For:	State Zip Code C Decupation Aggregate Year-to-Date ▼ 220.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	•	60.00
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Dr. Richard J Raczka Date of Receipt Mailing Address 5770 Beachwood Trail 04 2012 27 City State Zip Code Transaction ID: SA11AI.9072 FL Fort Meyers 33919 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Omnicare Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Richard J Raczka Date of Receipt Mailing Address 5770 Beachwood Trail 05 2012 11 City State Zip Code Transaction ID: SA11AI.9189 Fort Meyers FL 33919 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Richard J Raczka Date of Receipt Mailing Address 5770 Beachwood Trail 05 25 2012 City State Zip Code Transaction ID: SA11AI.9309 FL Fort Meyers 33919 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation **Pharmacist** Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	on Committee	
Full Name (Last, First, Middle Initial) Dr. Richard J Raczka Mailing Address 5770 Beachwood Trail		Date of Receipt
	7.0.	06 08 2012
City Fort Meyers	State Zip Code FL 33919	Transaction ID : SA11AI.9544
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare	Pharmacist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) Dr. Richard J Raczka		Date of Receipt
Mailing Address 5770 Beachwood Trail		06 22 2012
City	State Zip Code	Transaction ID : SA11AI.9428
Fort Meyers	FL 33919	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	520.00	
Full Name (Last, First, Middle Initial) C. Thomas Schleigh		Date of Receipt
Mailing Address		04 132012
City	State Zip Code	Transaction ID : SA11AI.8962 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Bi-weekly Payroll Deduction - \$25		
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
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federal political committee.

Bi-weekly Payroll Deduction - \$25

Name of Employer

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Biweekly Payroll Deduction

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Occupation

OH

Occupation **Pharmacist**

Aggregate Year-to-Date ▼

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Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rolf Schrader Date of Receipt Mailing Address 4140 North Moor Rd 06 80 2012 City State Zip Code Transaction ID: SA11AI.9550 OH 43606 Toledo Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rolf Schrader Date of Receipt Mailing Address 4140 North Moor Rd 2012 06 22 City State Zip Code Transaction ID: SA11AI.9434

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40.00

Amount of Each Receipt this Period

Biweekly Payroll Deduction

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FEC ID number of contributing

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Name of Employer

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Omnicare, Inc. Receipt For:

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	he name and address of any political committee t	
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	ı Committee	
<u> </u>	- Committee	T
Full Name (Last, First, Middle Initial) 1. JEFFREY M STAMPS		Date of Receipt
Mailing Address 5132 Cedar Brook Ct		06 08 2012
City	State Zip Code	Transaction ID : SA11AI.9555
SPRINGBORO	OH 45066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
OMNICARE	EVP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) JEFFREY M STAMPS		Date of Receipt
Mailing Address 5132 Cedar Brook Ct		06 222012
City	State Zip Code	Transaction ID : SA11AI.9439
SPRINGBORO	OH 45066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
	Occupation	Biweekly Payroll Deduction
Name of Employer OMNICARE	Occupation EVP	, ,
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) Priscilla Stewart-Jones	<u> </u>	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	04 13 2012
City	σιαιο ΔΙ ρ Ουαθ	Transaction ID : SA11AI.8969 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify) ▼	640.00	
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Primary

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General

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) **ROBIN TAYLOR** Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 2012 State Zip Code Transaction ID: SA11AI.9445 IN **INDIANAPOLIS** 46237 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation OMNICARE INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Gina Timmons Date of Receipt Mailing Address 4201 Pleasanton Rd 05 25 2012 City State Zip Code Transaction ID: SA11AI.9329 OH Englewood 45322 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare VP of Customer Facing Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify)

Full Name (Last, First, Middle Initial) c. Gina Timmons Date of Receipt Mailing Address 4201 Pleasanton Rd 80 06 2012 City State Zip Code Transaction ID: SA11AI.9564 OH Englewood 45322 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation VP of Customer Facing Technology Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00

SUBTOTAL of Receipts This Page (optional)		,		7	6	30.00)	
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Other (specify)

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NAME OF COMMITTEE (In Full)	the name and address of any political committee on Committee	to the second second mean during desirable second s
OmniCare, Inc. Political Action Full Name (Last, First, Middle Initial) Gina Timmons Mailing Address 4201 Pleasanton Rd City Englewood FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary Other (specify)	State Zip Code OH 45322 C Occupation VP of Customer Facing Technology Aggregate Year-to-Date 260.00	Date of Receipt 06 22 2012 Transaction ID: SA11AI.9448 Amount of Each Receipt this Period 20.00 Biweekly Payroll Deduction
Full Name (Last, First, Middle Initial) Thomas Trite Mailing Address 6512 Windmere Rd City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify)	State Zip Code PA 17111 C Occupation Pharmacist Aggregate Year-to-Date ▼ 320.00	Date of Receipt 04 13 2012 Transaction ID : SA11AI.8981 Amount of Each Receipt this Period 40.00 Biweekly Payroll Deduction
Full Name (Last, First, Middle Initial) Thomas Trite Mailing Address 6512 Windmere Rd City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify)	State Zip Code PA 17111 C Occupation Pharmacist Aggregate Year-to-Date ▼ 360.00	Date of Receipt M M Z7 Z012 Transaction ID : SA11AI.9094 Amount of Each Receipt this Period 40.00 Biweekly Payroll Deduction
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FOR LINE NUMBER: PAGE 50 OF 62 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Thomas Trite Date of Receipt Mailing Address 6512 Windmere Rd 2012 City State Zip Code Transaction ID: SA11AI.9212 PΑ Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Omnicare Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Trite Date of Receipt Mailing Address 6512 Windmere Rd 05 25 2012 City State Zip Code Transaction ID: SA11AI.9331 PA Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas Trite Date of Receipt Mailing Address 6512 Windmere Rd 80 06 2012 City State Zip Code Transaction ID: SA11AI.9566 PΑ Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation **Pharmacist** Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE NUMBER:	PAGE	51 OF	62
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Thomas Trite Date of Receipt Mailing Address 6512 Windmere Rd 2012 City State Zip Code Transaction ID: SA11AI.9450 PΑ Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Pharmacist Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 04 2012 27 City State Zip Code Transaction ID: SA11AI.9096 **OSCEOLA** IN 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 05 11 2012 City Zip Code State Transaction ID: SA11AI.9214 IN **OSCEOLA** 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation **PHARMACIST** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may not be sold or used by any per g the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	on Committee	
Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN V	W	Date of Receipt
City	Chaha Zin Cada	05 25 2012
City OSCEOLA	State Zip Code IN 46561	Transaction ID : SA11AI.9333
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer OMNICARE, INC	Occupation PHARMACIST	Biweekly Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN V	N	Date of Receipt
		06 08 2012
City	State Zip Code IN 46561	Transaction ID : SA11AI.9568
OSCEOLA FEC ID number of contributing federal political committee.	IN 46561	Amount of Each Receipt this Period 25.00
Name of Employer OMNICARE, INC	Occupation PHARMACIST	Biweekly Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 11201 RIVER OAKS LN		06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City OSCEOLA	State Zip Code IN 46561	Transaction ID : SA11AI.9452
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer	Occupation	Biweekly Payroll Deduction
OMNICARE, INC	PHARMACIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (ontional	l)	75.00
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TOTAL This Period (last page this line num	nber only)	

Name of Employer

Primary

General

Omnicare

В.

Receipt For:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Biweekly Payroll Deduction

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Robert Weir Date of Receipt Mailing Address 4100 Napanee Road 25 2012 City State Zip Code Transaction ID: SA11AI.9339 KY 40207 Louisville Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee.

Occupation

Pharmacist

Aggregate Year-to-Date ▼

Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Robert Weir		Date of Receipt
Mailing Address 4100 Napanee Road		06 08 2012 _
City	State Zip Code	Transaction ID : SA11AI.9574
Louisville	KY 40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare	Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Robert Weir		Date of Receipt
Mailing Address 4100 Napanee Road		06 22 2012 _
City	State Zip Code	Transaction ID : SA11AI.9458
Louisville	KY 40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare	Pharmacist	

260.00

Aggregate Year-to-Date ▼

60.00

Receipt For:

Primary

Other (specify)

General

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

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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	n Committee	
Full Name (Last, First, Middle Initial) John Workman Mailing Address 100 E RiverCenter Blvd.		Date of Receipt
City Covington FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code KY 41011 C Occupation CFO Aggregate Year-to-Date ▼ 1000.00	Transaction ID : SA11AI.8997 Amount of Each Receipt this Period 125.00 Biweekly Payroll Deduction
Full Name (Last, First, Middle Initial) John Workman Mailing Address 100 E RiverCenter Blvd. City Covington FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code KY 41011 C Occupation CFO Aggregate Year-to-Date ▼ 1125.00	Date of Receipt 04 27 2012 Transaction ID : SA11AI.9110 Amount of Each Receipt this Period 125.00 Biweekly Payroll Deduction
Full Name (Last, First, Middle Initial) John Workman Mailing Address 100 E RiverCenter Blvd. City Covington FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code KY 41011 C Occupation CFO Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).		375.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 2012 25 City State Zip Code Transaction ID: SA11AI.9348 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation CFO Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1375.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 06 80 2012 City State Zip Code Transaction ID: SA11AI.9583 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 2012 06 22 City State Zip Code Transaction ID: SA11AI.9467 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation CFO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1625.00 Other (specify)

375.00

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

FOR LINE NUMBER: PAGE 56 OF 62 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Barbara J Zarowitz Date of Receipt Mailing Address 4551 Old Orchard Trail 2012 08 City Zip Code State Transaction ID: SA11AI.9586 Orchard Lake MI 48324 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Chief Clinical Officer Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara J Zarowitz Date of Receipt Mailing Address 4551 Old Orchard Trail 06 22 2012 City State Zip Code Transaction ID: SA11AI.9470 Orchard Lake MI 48324 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. Chief Clinical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... 10335.00 TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements mand a	ay not be sold or used by any peaddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	n Committe	ee							
Full Name (Last, First, Middle Initial) OmniCare, Inc. Political Action Com	mittee		Date of Receipt						
Mailing Address 1600 River Center II 100 East River Center Blvd			06 30 2012						
City	State	Zip Code	Transaction ID : SA15.9612						
Covington	KY	41101	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C co	0392886	476.34						
Name of Employer	Occupation	1	Bank Fees						
Receipt For:	Aggregate	Year-to-Date ▼	7						
Primary General									
Other (specify) ▼		476.34							
Full Name (Last, First, Middle Initial) 3.			Date of Receipt						
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FEC ID number of contributing			Amount of Each Neceipt this Feriou						
federal political committee.	C								
Name of Employer	Occupation	1							
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Primary General	7.99.094.0								
Other (specify) ▼		4							
Full Name (Last, First, Middle Initial)			Date of Receipt						
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City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer	Occupation	1							
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE	58 C)F 62
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K,	NAME OF COMMITTEE (In Full)		. 130 C. Griy pontio	00.////////////////////////////////	3001. 001				
$ \rangle$	OmniCare, Inc. Political Action Con	nmittee							
V	Chimodic, inc. 1 ontodi Action Col								
_	Full Name (Last, First, Middle Initial)								
Α.	BOB CORKER FOR SENATE 2012	2			Date of	Disbursem	ent		
	Moiling Address 4040 040T AVENUE OOLITU				M M	/ D D		040	Y
	Mailing Address 1910 21ST AVENUE SOUTH				04	03		012	
	City	state	Zip Code						
	NASHVILLE	TN	37212		Trans	action ID :	SB23.9593		
	Purpose of Disbursement								
	Condidate Name			011	Amount	of Each D	isbursemen	t this F	eriod
	Candidate Name BOB CORKER FOR SENATE 2012)		Category/				1000	.00
	Office Sought: House Disburser			Туре			7		
		Primary	General						
		Other (spe							
	State: TN District: 00	` .	*						
	Full Name (Last, First, Middle Initial)								
В.	DAVE CAMP FOR CONGRESS				Date of	Disbursem	nent		
					M = M	/ D D		Y	Υ
	Mailing Address 5915 EASTMAN AVENUE SUITE 100				04	27	2	2012	
	•	state	Zip Code		Trans	action ID :	SB23.9592		
	MIDLAND Purpose of Disbursement	MI	48640						
	. ,			011	Amount	of Each D	isbursemen	t this F	Period
	Candidate Name			Category/	-			1	
	DAVE CAMP FOR CONGRESS			Type				1000	.00
	Office Sought: House Disbursem								
		Primary	General						
		Other (spe	сіту) 🔻						
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C	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS				Date of	Disbursem	nent		
٠.	I MILINDO OF WAX DAUCUS				M M	/ D D		Y	Υ
	Mailing Address PO BOX 586				06	21		012	
	•	state	Zip Code		Trans	action ID :	SB23.9603		
	Purpose of Disbursement	MT	59624						
	. a.psoo or bloodroomont			011	Amount	of Each D	isbursemen	t thic 5	Pariod
	Candidate Name				Amount	OI LACII D	risbuiseillell	t uilo F	enou
	FRIENDS OF MAX BAUCUS			Category/ Type				2500	.00
	Office Sought: House Disburser	ent For:					7		
		Primary	General						
		Other (spe	cify) 🔻						
	State: MT District: 00								
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	ME OF COMMITTEE (In Full)						
I \	mniCare, Inc. Politcal Action Cor	nmittee					
	Name (Last, First, Middle Initial)						
A. FI	RIENDS OF NAN HAYWORTH				Date o	f Disburse	
Ma	iling Address P.O. BOX 188				06	/ D	
City	y	State	Zip Code		T	astica ID	- CD00 0C00
_	RMEL	NY	10512		irans	saction ID	: SB23.9602
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Cai	ndidate Name				Amoun	t of Each	Disbursement this Period
	RIENDS OF NAN HAYWORTH			Category/ Type			1000.00
	ice Sought: House Disbursen	nent For:		Турс		,	
	Senate	Primary	General				
	President	Other (spe	cify) 🔻				
Sta							
	I Name (Last, First, Middle Initial)				D.t.	(D'ala	
B. G	UTHRIE FOR CONGRESS					f Disburse	
 Ma	iling Address PO BOX 9639				04	0	3 2012
	5						
City		State	Zip Code		Trans	saction ID	: SB23.9588
	WKLING GREEN pose of Disbursement	KY	42102				
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_	UTHRIE FOR CONGRESS			Type		-	1000.00
Offi	ice Sought: House Disbursen						
		Primary	General				
Sta		Other (spe	CITY) 🔻				
	I Name (Last, First, Middle Initial)						
_	UTHRIE FOR CONGRESS				Date o	f Disburse	ement
_	o militar on contented				M M	/ D	D / Y Y Y Y
Ma	iling Address PO BOX 9639				06	14	4 2012
City	y .	State	Zip Code				
		KY	42102		Trans	saction ID	: SB23.9611
Pur	pose of Disbursement						
0	ndidate Name			011	Amoun	t of Each	Disbursement this Period
	UTHRIE FOR CONGRESS			Category/			1000.00
	ice Sought: House Disbursen	nent For:		Туре		7	
0111		Primary	General				
	President	Other (spe	cify) 🔻				
Sta	te: KY District: 02		<u>,</u>				
	•						
SUB	TOTAL of Disbursements This Page (optional)					-,-	3000.00
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Any information copied from such Reports and Statem			
or for commercial purposes, other than using the name	ne and address of any	political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
OmniCare, Inc. Politcal Action Cor	nmittee		
Full Name (Last, First, Middle Initial)			Date of Dishumana et
· MURPHY FOR CONGRESS COM	MITTEE		Date of Disbursement
Mailing Address 350 NEPONSET ST UNIT J			04 06 2012
•	State Zip Code		Transaction ID : SB23.9591
CANTON	MA 02021		Transaction is : 0520.0001
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
MURPHY FOR CONGRESS COMI		Type	1000.00
Office Sought: House Disbursen			
	Other (specify) —	ાતા	
State: MA District: 09	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
PAT ROBERTS VICTORY COMM	ITTEE, THE		Date of Disbursement
Mailing Address 640 C DOLLLEVADD			06 18 2012
Mailing Address 610 S. BOULEVARD			06 18 2012
	State Zip Code		Transaction ID : SB23.9610
TAMPA Purpose of Disbursement	FL 33606		-
. a.pood of Biodatoonion		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
PAT ROBERTS VICTORY COMMI		Type	1000.00
Office Sought: House Disbursen			
	Primary Gene	eral	
President State: KS District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
PORT PAC			Date of Disbursement
Mailing Address 900 19th St, NW			04 05 2012
8th Floor	State 7:- Ond-		
,	State Zip Code DC 20006		Transaction ID : SB23.9590
Purpose of Disbursement			-
			Amount of Each Disbursement this Period
Candidate Name		Category/	
PORT PAC		Type	1000.00
Office Sought: House Disbursen			
	Primary Gene	eral	
	Other (specify) ▼		
State: District:			
SUPTOTAL of Dishurasments This Dame (anticare)		_	3000.00
SUBTOTAL of Disbursements This Page (optional)		·····	3555.00
TOTAL This Period (last page this line number only)			

SCHEDULE	B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE 61	OF 62
ITEMIZED DI	ISBURSEMENTS		arate schedule(s) category of the	(check only one)				
			Summary Page	21b	22	23	24 25	
				27	28a	28b	28c 29	
	pied from such Reports and Stater purposes, other than using the nan							
	MMITTEE (In Full)	io ana ada	1000 or arry pointing	a committee to	Solicit CO		Juon COIIII	
I \	, Inc. Politcal Action Co	mmittee						
	, into. I offical Action Col	mmuee						
Full Name (Last	t, First, Middle Initial)							
A. PRICE FO	R CONGRESS				Date of	f Disbursei	ment	
Mailing Adduses	D 0 D0V 405				M M	/ D		Y
Mailing Address	5 P.O. BOX 425				05	17	2012	
City		State	Zip Code		_			
ROSWELL		GA	30077		Trans	action ID	: SB23.9599	
Purpose of Disk	oursement							
OPd-t-N				011	Amoun	t of Each	Disbursement this	s Period
Candidate Name	e R CONGRESS			Category/			10	00.00
Office Sought:	K CONGRESS	ment For:		Туре		-	,	
Omoc Cougnt.	Senate	Primary	General					
	President	Other (spe						
State: GA	District: 06		•					
Full Name (Last	t, First, Middle Initial)							
B. SCHOCK	FOR CONGRESS				Date of	f Disbursei	ment	
					M - M	/ D		
Mailing Address	PO BOX 10555				06	29	9 2012	-
City		State	Zip Code					
PEORIA		IL	61612		Trans	saction ID	: SB23.9607	
Purpose of Disk	pursement							
				011	Amoun	t of Each	Disbursement this	s Period
Candidate Name	e FOR CONGRESS			Category/			10	00.00
Office Sought:	House Disburser	ment For:		Туре		,		
Office Godgitt.	Senate	Primary	General					
	President	Other (spe						
State: IL	District: 18		•					
Full Name (Last	t, First, Middle Initial)							
C. VOLUNTE	ERS FOR SHIMKUS				Date of	f Disbursei	ment	
 					M M	/ D		Y
Mailing Address	PO BOX 661				06	29	2012	
City		State	Zip Code					
COLLINSVILLE		IL	62234		Trans	action ID	: SB23.9606	
Purpose of Disk	oursement							
Operation 1	_			011	Amoun	t of Each	Disbursement this	s Period
Candidate Name	e EERS FOR SHIMKUS			Category/			10	00.00
Office Sought:	House Disburser	ment For:		Туре		7		
Office Gougift.	Senate	Primary	General					
	President	Other (spe						
State: IL	District: 15	(- I-, -	• •					
SUBTOTAL of Dis	sbursements This Page (optional)			·····•			30	00.00
TOTAL This Perio	od (last page this line number only)			·····		,		

SCHEDULE B (FEC Form 3X)		FOR LINE I	PAGE 62 OF 62	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30
And information control from the Decision 100				
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	and managed or drift position			
OmniCare, Inc. Political Action Con	nmittee			
	mmucc			
Full Name (Last, First, Middle Initial)				
A. WALDEN FOR CONGRESS			Date of Disburseme	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address PO BOX 1091			05 24	2012
City	State Zip Code			
	OR 97031		Transaction ID:	SB23.9596
Purpose of Disbursement				
		011	Amount of Each Di	sbursement this Period
Candidate Name		Category/		1500.00
WALDEN FOR CONGRESS		Туре		1300.00
Office Sought: House Disbursem				
	Primary General			
State: OR District: 02	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B.			Date of Disburseme	ent
			M M / D D	/ Y Y Y Y
Mailing Address			/ 5 - 5	
City	State Zip Code			
Purpose of Disbursement	ı			
r dipose or bisbursement			Amount of Fach Di	sbursement this Period
Candidate Name		Cotorrari	Table of Edolf Bi	3.2
		Category/ Type		
Office Sought: House Disbursem	nent For:	71	,	,
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			5	
C.			Date of Disburseme	_
Mailing Address			M M / D D	/ Y Y Y Y Y
Mailing Address				-
City	State Zip Code			
	·			
Purpose of Disbursement				
			Amount of Each Di	sbursement this Period
Candidate Name		Category/		
Office Sought: House Disbursem	ant For:	Туре	7	7
	Primary General			
	Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				1500.00
			-	
TOTAL This Period (last page this line number only).				15000.00