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Image# 201510169003094442

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM $3X \mid \frac{1}{6}$	or Other Than	An Authorized	Committe	e						
1 NAME OF 1	TYPE OR PRINT ▼	. Eva	mple. If tunin	a tuno		Office Use Only				
1. NAME OF COMMITTEE (in full)	THE OIL PHINT V		mple: If typin r the lines.	g, type	12FE4M5					
OMNICARE, INC. POL	OMNICARE, INC. POLITICAL ACTION COMMITTEE									
ADDRESS (number and street) 900 OMNICARE CENTER										
Check if different than previously reported. (ACC)	201 E FOURTH S	STREET			ОН	45202				
2. FEC IDENTIFICATION NUI	MBER ▼	CITY ▲		5	STATE A	ZIP CODE	≣ ▲			
C C00392886		3. IS THIS REPORT	× (N	EW N) <b>OR</b>	AM (A)	IENDED				
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1  July 15 Quarterly Report (Q2  X October 15 Quarterly Report (Q3  January 31 Year-End Report (YE  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	(c) 12-Day PRE-EI Report  (d) 30-Day	ection for the:  Election on	J	2C)	Sep	20 (M9)	Nov 20 (M11) Non-Election Gear Only) Dec 20 (M12) Non-Election Gear Only) Idan 31 (YE) Runoff (12R)			
5. Covering Period 07	01	2015	through	09	30 /	2015				
I certify that I have examined this	·	e best of my kno	wledge and b	elief it is tru	e, correct and	l complete.				
Type or Print Name of Treasurer	Donna Lecky									
Signature of Treasurer Donna	Lecky		[Electronically	Filed] D	ate 10	/ 16 / Y	2015			
NOTE: Submission of false, erroned	ous, or incomplete	information may su	ubject the pers	on signing th	is Report to th	ne penalties of 2 U.S	S.C. §437g.			
Office Use Only						FEC FORM Rev. 12/200				

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name OMNICARE, INC. POLITICAL ACTION COMMITTEE 2015 09 30 2015 Report Covering the Period: 07 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 104128.25 January 1, 2015 (b) Cash on Hand at 116773.49 Beginning of Reporting Period..... 19775.00 6263.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 123036.49 123903.25 6(a) and 6(c) for Column B)..... 432.93 1299.69 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 122603.56 122603.56 (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) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### OMNICARE, INC. POLITICAL ACTION COMMITTEE

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11.	Contributions (other than loans) From: (a) Individuals/Persons Other	Total Tills Follow	Culcinal Teal to Bute				
	Than Political Committees						
	(i) Itemized (use Schedule A)	4610.00	8575.00				
	,						
	(ii) Unitemized	1653.00	11200.00				
	(iii) TOTAL (add	0202.00	10775.00				
	Lines 11(a)(i) and (ii)▶	6263.00	19775.00				
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees						
	(such as PACs)	0.00	0.00				
	(d) Total Contributions (add Lines						
	11(a)(iii), (b), and (c)) (Carry	6263.00	19775.00				
10	Totals to Line 33, page 5)  Transfers From Affiliated/Other	0203.00	10115.00				
12.	Party Committees	0.00	0.00				
	. a.,						
13.	All Loans Received	0.00	0.00				
14.	Loan Repayments Received	0.00	0.00				
15.	Offsets To Operating Expenditures						
	(Refunds, Rebates, etc.)	0.00	0.00				
16	(Carry Totals to Line 37, page 5)	0.00	0.00				
10.	Refunds of Contributions Made to Federal Candidates and Other						
	Political Committees	0.00	0.00				
17.	Other Federal Receipts						
	(Dividends, Interest, etc.)	0.00	0.00				
18.	Transfers from Non-Federal and Levin Funds						
	(a) Non-Federal Account	0.00					
	(from Schedule H3)	0.00	0.00				
	#XX #	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				
	(6) 15(4) 11(11515) (434 15(4) 414 15(5))		0.00				
19.	Total Receipts (add Lines 11(d),						
٥.	12, 13, 14, 15, 16, 17, and 18(c))	6263.00	19775.00				
		7					
20.	Total Federal Receipts						
	(subtract Line 18(c) from Line 19)▶	6263.00	19775.00				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
	Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)				
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
(	(b) Other Federal Operating				
	Expenditures	0.00	439.86		
(	c) Total Operating Expenditures	0.00	439.86		
2	(add 21(a)(i), (a)(ii), and (b))▶ Fransfers to Affiliated/Other Party	0.00	100.00		
	Committees	0.00	0.00		
F	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00		
	ndependent Expenditures	3.00	0.00		
(	use Schedule E)	0.00	0.00		
(	Coordinated Party Expenditures 2 U.S.C. §441a(d))	0.00	0.00		
(	use Schedule F)	3.00	0.00		
6. I	oan Repayments Made	0.00	0.00		
			0.00		
8. F	_oans Made Refunds of Contributions_To:	0.00	0.00		
(	a) Individuals/Persons Other Than Political Committees	0.00	0.00		
			0.00		
	b) Political Party Committees	0.00	0.00		
(	(such as PACs)	0.00	0.00		
			, , , , ,		
(	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00		
	(444 21105 25(4), (5), 414 (6))				
9. (	Other Disbursements	432.93	859.83		
O. F	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	0.00		
	(ii) "Levin" Share	0.00	0.00		
(	b) Federal Election Activity Paid Entirely	2.00	0.00		
,	With Federal Funds	0.00	0.00		
(	Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	0.00		
4 -	Fatal Diahumaamanta (add Lizzz 01/2) 00				
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	432.93	1299.69		
•	,,,,,	102.00	1299.09		
	Total Federal Disbursements				
	subtract Line 21(a)(ii) and Line 30(a)(ii)	432.93	1299.69		
ı	rom Line 31)	432.93	1255.05		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating penditures	Ex- COLUMN A Total This Per		COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loar (from Line 11(d), page 3)	'	6263.00	19775.00
34. Total Contribution Refunds (from Line 28(d))		0.00	0.00
<ol> <li>Net Contributions (other than loans (subtract Line 34 from Line 33)</li> </ol>		6263.00	19775.00
<ol> <li>Total Federal Operating Expenditur (add Line 21(a)(i) and Line 21(b)).</li> </ol>		0.00	439.86
7. Offsets to Operating Expenditures (from Line 15, page 3)		0.00	0.00
<ol> <li>Net Operating Expenditures         (subtract Line 37 from Line 36)     </li> </ol>	<b>&gt;</b>	0.00	439.86

FOR LINE NUMBER:					PAGE	=	6	OF	67	
(check only one)										
	X	11a		11b		11c		12	!	
		13		14		15		16	;	17

	statements may not be sold or used by any persol e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Todd Anderson  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.	State Zip Code OH 45202	Date of Receipt  07 03 2015  Transaction ID : SA11Al.9881  Amount of Each Receipt this Period  20.00
Name of Employer  Omnicare, Inc.  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  280.00	
Full Name (Last, First, Middle Initial)  Todd Anderson  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼ 300.00	Date of Receipt  07 17 2015  Transaction ID: SA11AI.9882  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Todd Anderson  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  320.00	Date of Receipt  M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	only)	

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(check only one)									
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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Todd Anderson  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  Other (specify)  Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  340.00	Date of Receipt  08 14 2015  Transaction ID : SA11AI.9884  Amount of Each Receipt this Period  20.00
Anderson  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify) ▼	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  360.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Todd Anderson  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  380.00	Date of Receipt  09 11 2015  Transaction ID: SA11AI.9886  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line numbe	r only)	

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

FOR LINE NUMBER:					PAGE		8	OF		67
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	13		14		15		16	;		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	_ ACTION COMMITTEE							
Full Name (Last, First, Middle Initial)  1. Todd Anderson		Date of Receipt						
Mailing Address 201 E. Fourth Street  900 Omnicare Center	900 Omnicare Center							
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.9887  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	20.00						
Name of Employer Omnicare, Inc.	Occupation Pharmacy General Manager							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  400.00							
Full Name (Last, First, Middle Initial)  Alan R Bell  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Cincinnati	OH 45202	Transaction ID: SA11AI.9888  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	20.00						
Name of Employer Omnicare, Inc.  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Sr. Director, Clinical Services  Aggregate Year-to-Date ▼  280.00							
Full Name (Last, First, Middle Initial)  C. Alan R Bell		Date of Receipt						
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 17 2015						
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.9889  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	20.00						
Name of Employer  Omnicare, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation Sr. Director, Clinical Services  Aggregate Year-to-Date ▼  300.00							
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line numb	<u>·</u>	60.00						
( pageee min	11							

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

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			13		14		15		16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 31 2015
City	State Zip Code	Transaction ID : SA11AI.9890
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  320.00	
Full Name (Last, First, Middle Initial)  Alan R Bell  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City	State Zip Code	08 14 2015
Cincinnati	OH 45202	Transaction ID : SA11AI.9891  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  340.00	
Full Name (Last, First, Middle Initial)  Alan R Bell		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 28 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.9892  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	60.00
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using the	name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  A. Alan R Bell		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09
City	State Zip Code	Transaction ID : SA11AI.9893
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial)  Alan R Bell		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		09 25 2015
City	State Zip Code	Transaction ID : SA11AI.9894
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  C. Jonathan D Borman		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.9895
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Strategic Sourcing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	210.00	
SUBTOTAL of Receipts This Page (optional)		55.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 11 OF 67 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Jonathan D Borman Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 07 City Zip Code State Transaction ID: SA11AI.9896 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Name of Employer Occupation Omnicare. Inc. VP, Strategic Sourcing Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jonathan D Borman Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 31 2015 City State Zip Code Transaction ID: SA11AI.9897 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Strategic Sourcing Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jonathan D Borman Date of Receipt Mailing Address 201 E. Fourth Street 80 14 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9898 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 15.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Strategic Sourcing Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or f	or commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
I \	NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
	Full Name (Last, First, Middle Initial) Jonathan D Borman		Date of Receipt
_	Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 28 2015
	City	State Zip Code	Transaction ID : SA11AI.9899
_	Cincinnati	OH 45202	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	15.00
Ī	Name of Employer	Occupation	
(	Omnicare, Inc.	VP, Strategic Sourcing	
Ī	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	riggregate real to Bate v	
	Other (specify) ▼	270.00	
	Full Name (Last, First, Middle Initial) Jonathan D Borman		Date of Receipt
1	Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
_	900 Omnicare Center		09 11 2015
(	City	State Zip Code	Transaction ID : SA11AI.9900
_	Cincinnati	OH 45202	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	15.00
	Name of Employer	Occupation	
(	Omnicare, Inc.	VP, Strategic Sourcing	
Ī	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	35 15 111	
	Other (specify) ▼	285.00	
	Full Name (Last, First, Middle Initial)  Jonathan D Borman		Date of Receipt
_	Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.9901  Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	15.00
Ī	Name of Employer	Occupation	
	Omnicare, Inc.	VP, Strategic Sourcing	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	Aggregate real-to-Date V	
	Other (specify) ▼	300.00	
	UBTOTAL of Receipts This Page (optional)		45.00

FOR LINE NUMBER: PAGE 13 OF 67 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. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Barry R Bress Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 0.3 City Zip Code State Transaction ID: SA11AI.9909 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP, Retail Pharmacy Operations Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barry R Bress Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 17 2015 City State Zip Code Transaction ID: SA11AI.9910 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Retail Pharmacy Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Barry R Bress Date of Receipt Mailing Address 201 E. Fourth Street 07 31 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9911 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP, Retail Pharmacy Operations Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Barry R Bress Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 City Zip Code State Transaction ID: SA11AI.9912 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP, Retail Pharmacy Operations Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barry R Bress Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 80 28 2015 City State Zip Code Transaction ID: SA11AI.9913 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Retail Pharmacy Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Barry R Bress Date of Receipt Mailing Address 201 E. Fourth Street 09 11 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9914 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP, Retail Pharmacy Operations Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Barry R Bress Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 25 City Zip Code State Transaction ID: SA11AI.9915 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP, Retail Pharmacy Operations Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark P Celebre Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 03 2015 City State Zip Code Transaction ID: SA11AI.9923 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Customer Service Director Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark P Celebre Date of Receipt Mailing Address 201 E. Fourth Street 17 07 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9924 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Customer Service Director Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13		11b 14		11c 15	$\vdash$	12 16		17
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A or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Mark P Celebre Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 31 City Zip Code State Transaction ID: SA11AI.9925 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Regional Customer Service Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark P Celebre Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 80 14 2015 City State Zip Code Transaction ID: SA11AI.9926 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Customer Service Director Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark P Celebre Date of Receipt Mailing Address 201 E. Fourth Street 80 28 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9927 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Customer Service Director Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Mark P Celebre  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code OH 45202  C Occupation	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Omnicare, Inc.  Receipt For:  Primary  General  Other (specify)	Regional Customer Service Director  Aggregate Year-to-Date ▼  380.00	
Full Name (Last, First, Middle Initial)  Mark P Celebre  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Regional Customer Service Director  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M / D 25 2015  Transaction ID: SA11AI.9929  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Jeremy T Colvin  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, LTC Sales  Aggregate Year-to-Date ▼	Date of Receipt  07 03 2015  Transaction ID: SA11AI.9930  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	60.00
TOTAL This Period (last page this line number	only)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Jeremy T Colvin Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 City Zip Code State Transaction ID: SA11AI.9931 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP, LTC Sales Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy T Colvin Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 31 2015 City State Zip Code Transaction ID: SA11AI.9932 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, LTC Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy T Colvin Date of Receipt Mailing Address 201 E. Fourth Street 80 14 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9933

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SUBTOTAL of Receipts This Page (optional)	·····	Ξ	I	7	Ξ	Ξ	,	60.00	
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340.00

45202

OH

Occupation
VP, LTC Sales

Aggregate Year-to-Date ▼

С

20.00

Amount of Each Receipt this Period

Cincinnati

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Primary

Omnicare, Inc. Receipt For:

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Jeremy T Colvin Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 28 City Zip Code State Transaction ID: SA11AI.9934 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP, LTC Sales Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy T Colvin Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 09 2015 11 City State Zip Code Transaction ID: SA11AI.9935 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, LTC Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy T Colvin Date of Receipt Mailing Address 201 E. Fourth Street 09 25 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9936 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP, LTC Sales Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Brian W Egan Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 03 City Zip Code State Transaction ID: SA11AI.9951 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian W Egan Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 17 2015 City State Zip Code Transaction ID: SA11AI.9952 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Brian W Egan Date of Receipt Mailing Address 201 E. Fourth Street 07 31 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9953 OH Cincinnati 45202 Amount of Each Receipt this Period

320.00

С

Occupation

Pharmacy General Manager

Aggregate Year-to-Date ▼

20.00

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Primary

Omnicare, Inc. Receipt For:

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13	14	15	16	17

	Statements may not be sold or used by any persi- e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Brian W Egan  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  340.00	Date of Receipt  08 14 2015  Transaction ID: SA11AI.9954  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Brian W Egan  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  360.00	Date of Receipt  08 28 2015  Transaction ID : SA11AI.9955  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Brian W Egan  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  380.00	Date of Receipt  09 11 2015  Transaction ID : SA11AI.9956  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	60.00
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Brian W Egan Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 25 City Zip Code State Transaction ID: SA11AI.9957 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ivan Gordon Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 03 2015 City State Zip Code Transaction ID: SA11AI.9965 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ivan Gordon Date of Receipt Mailing Address 201 E. Fourth Street 17 07 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9966 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE

/		
Full Name (Last, First, Middle Initial)  Ivan Gordon  Mailing Address 201 E. Fourth Street		Date of Receipt
Other (specify)  Oincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Other (specify) ▼	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  320.00	Transaction ID : SA11AI.9967  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Terry Harris  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Sr. Director, Operations  Aggregate Year-to-Date ▼  560.00	Date of Receipt  07 03 2015  Transaction ID: SA11AI.9975  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial)  Terry Harris  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Sr. Director, Operations  Aggregate Year-to-Date ▼  600.00	Date of Receipt  07 17 2015  Transaction ID: SA11AI.9976  Amount of Each Receipt this Period  40.00
SUBTOTAL of Receipts This Page (optional).	<u> </u>	100.00
TOTAL This Period (last page this line number	er only)	

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Full Name (Last, First, Middle Initial) Terry Harris  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati OH 45202  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify) ▼  General  G40.00	Date of Receipt  07 31 2015  Transaction ID : SA11Al.9977  Amount of Each Receipt this Period  40.00
900 Omnicare Center  City State Zip Code OH 45202  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General  State Zip Code OH 45202  C  C  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.9977  Amount of Each Receipt this Period  40.00
Cincinnati  OH 45202  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  OH 45202  C  C  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  C  Occupation  Sr. Director, Operations  Aggregate Year-to-Date ▼	40.00
Name of Employer Occupation   Omnicare, Inc. Sr. Director, Operations   Receipt For: Aggregate Year-to-Date ▼	
Omnicare, Inc. Sr. Director, Operations   Receipt For: Aggregate Year-to-Date ▼	Date of Receipt
Receipt For:  Primary  General  Aggregate Year-to-Date ▼	Date of Receipt
Primary General Aggregate Tear-to-Date V	Date of Receipt
Primary General	Date of Receipt
Other (specify) ▼ 640.00	Date of Receipt
	Date of Receipt
Full Name (Last, First, Middle Initial) . Terry Harris	·
Mailing Address 201 E. Fourth Street	M = M / D = D / Y = Y = Y
900 Omnicare Center	08 14 2015
City State Zip Code	Transaction ID : SA11AI.9978
Cincinnati OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	40.00
Name of Employer Occupation	
Omnicare, Inc. Sr. Director, Operations	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  680.00	
Full Name (Last, First, Middle Initial)  Terry Harris	Date of Receipt
Mailing Address 201 E. Fourth Street	
900 Omnicare Center	08 28 2015
City State Zip Code	Transaction ID : SA11AI.9979
Cincinnati OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	40.00
Name of Employer Occupation	
Omnicare, Inc. Sr. Director, Operations	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Aggregate Year-to-Date ▼	_
Other (specify) ▼ 720.00	
SUBTOTAL of Receipts This Page (optional)	120.00

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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Terry Harris  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati	State Zip Code OH 45202	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  Other (specify)	Occupation Sr. Director, Operations  Aggregate Year-to-Date ▼  760.00	Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial)  Terry Harris  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Sr. Director, Operations  Aggregate Year-to-Date ▼  800.00	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)  Susan J Klem  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Sr. Director, Clinical Services  Aggregate Year-to-Date ▼  280.00	Date of Receipt  07 03 2015  Transaction ID: SA11AI.9996  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	100.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Susan J Klem  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City	State Zip Code	Date of Receipt  07 17 2015  Transaction ID: SA11AI.9997
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	20.00
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  3. Susan J Klem		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati	State Zip Code OH 45202	07 31 2015  Transaction ID: SA11AI.9998  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer Omnicare, Inc.	Occupation Sr. Director, Clinical Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  320.00	
Full Name (Last, First, Middle Initial)  C. Susan J Klem		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.9999  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	60.00
TOTAL This Period (last page this line number of	<u>·</u> _	

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Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Susan J Klem  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		08 28 2015
City	State Zip Code	Transaction ID : SA11AI.10000
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial)  Susan J Klem		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	09 11 2015
City Cincinnati	OH 45202	Transaction ID : SA11AI.10001
_		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
Full Name (Last, First, Middle Initial)  Susan J Klem		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	Chata	09 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.10002
FEC ID number of contributing federal political committee.	C 45202	Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Omnicare, inc. Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	60.00
TOTAL This Period (last page this line number of	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

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	. ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  A. Robert O Kraft		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 2015
City	State Zip Code	Transaction ID : SA11AI.10003
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Omnicare, Inc.	CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial)  Robert O Kraft  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		07 17 2015
City	State Zip Code	Transaction ID : SA11AI.10004
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Omnicare, Inc.	CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial)  C. Robert O Kraft		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.10005
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Omnicare, Inc.	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1600.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	300.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  A. Robert O Kraft		Date of Receipt
Mailing Address 201 E. Fourth Street  900 Omnicare Center	State 7:- O-d-	08 14 2015
City	State Zip Code OH 45202	Transaction ID : SA11AI.10006
Cincinnati	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Omnicare, Inc.	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	1700.00	
Full Name (Last, First, Middle Initial)  Robert O Kraft		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		08 28 2015
City	State Zip Code	Transaction ID : SA11AI.10007
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Omnicare, Inc.	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1800.00	
Full Name (Last, First, Middle Initial)  C. Robert O Kraft		Data of Pagaint
^		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 11 2015
City 900 Omnicare Center	State Zip Code	Transaction ID : SA11AI.10008
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Omnicare, Inc.	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1900.00	
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	r 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 t	he name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE			
Full Name (Last, First, Middle Initial)  A. Robert O Kraft		Date of Receipt		
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 252015		
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.10009  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer Omnicare, Inc.	Occupation CFO			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00			
Full Name (Last, First, Middle Initial)  3. Donna Lecky  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City	State Zip Code	Date of Receipt  07 03 2015		
Cincinnati	OH 45202	Transaction ID : SA11AI.10024  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  Other (specify) ▼	Occupation Treasurer  Aggregate Year-to-Date ▼  560.00			
Full Name (Last, First, Middle Initial)  Donna Lecky  Mailing Address and F. Faurth Street		Date of Receipt		
Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	07 17 2015  Transaction ID : SA11AI.10025		
Cincinnati  FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period 40.00		
Name of Employer  Omnicare, Inc.  Receipt For:	Occupation  Treasurer  Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	Aggregate Year-to-Date • 600.00			
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	180.00		
TOTAL This Period (last page this line number	er only)			

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Donna Lecky Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 31 City Zip Code State Transaction ID: SA11AI.10026 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna Lecky Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 08 14 2015 City State Zip Code Transaction ID: SA11AI.10027 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 680.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donna Lecky Date of Receipt Mailing Address 201 E. Fourth Street 28 80 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.10028 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Donna Lecky Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 City Zip Code State Transaction ID: SA11AI.10029 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna Lecky Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 09 25 2015 City State Zip Code Transaction ID: SA11AI.10030 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. John J Lockard Date of Receipt Mailing Address 201 E. Fourth Street 03 07 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.10038 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) John J Lockard Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 City Zip Code State Transaction ID: SA11AI.10039 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. John J Lockard Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 31 2015 City State Zip Code Transaction ID: SA11AI.10040 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. John J Lockard Date of Receipt Mailing Address 201 E. Fourth Street 80 14 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.10041 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  John J Lockard  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  360.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  380.00	Date of Receipt  09 11 2015  Transaction ID : SA11AI.10043  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  John J Lockard  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  400.00	Date of Receipt  09 25 2015  Transaction ID : SA11AI.10044  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	60.00
TOTAL This Period (last page this line number	r only)	

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A or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Nancy J Losben Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 03 2015 City Zip Code State Transaction ID: SA11AI.10045 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Chief Quality Officer Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy J Losben Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 17 2015 City State Zip Code Transaction ID: SA11AI.10046 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Chief Quality Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy J Losben Date of Receipt Mailing Address 201 E. Fourth Street 07 31 2015 900 Omnicare Center City State Zip Code Transaction ID: SA11AI.10047 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Chief Quality Officer Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Nancy J Losben  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)   Eull Name (Last First Middle Initial)	State Zip Code OH 45202  C Occupation Chief Quality Officer  Aggregate Year-to-Date ▼  340.00	Date of Receipt  08 14 2015  Transaction ID: SA11AI.10048  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Nancy J Losben  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Chief Quality Officer  Aggregate Year-to-Date ▼  360.00	Date of Receipt  08 28 2015  Transaction ID : SA11AI.10049  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Nancy J Losben  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code OH 45202  C Occupation Chief Quality Officer  Aggregate Year-to-Date ▼  380.00	Date of Receipt  99 11 2015  Transaction ID : SA11AI.10050  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)		60.00
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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Nancy J Losben Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 25 City Zip Code State Transaction ID: SA11AI.10051 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Chief Quality Officer Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen J Rappa Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 03 2015 City State Zip Code Transaction ID: SA11AI.10109 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations-LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen J Rappa Date of Receipt

Mailing Address 201 E. Fourth Street 07 10 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.10110 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation VP, Pharmacy Operations-LTC Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General

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280.00

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Stephen J Rappa  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		07 17 2015
City	State Zip Code	Transaction ID : SA11AI.10111
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	290.00	
Full Name (Last, First, Middle Initial)  Stephen J Rappa		Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y
900 Omnicare Center City	State Zip Code	07 24 2015
Cincinnati	OH 45202	Transaction ID : SA11AI.10112  Amount of Each Receipt this Period
_		Amount of Lacif neceipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  Stephen J Rappa		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code OH 45202	Transaction ID : SA11AI.10113
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	310.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	30.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Stephen J Rappa  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		08 07 2015
City	State Zip Code	Transaction ID : SA11AI.10114
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial)  3. Stephen J Rappa		Date of Receipt
Mailing Address 201 E. Fourth Street		M   M / D   D / Y   Y   Y   Y
900 Omnicare Center City	State Zip Code	08 14 2015
Cincinnati	OH 45202	Transaction ID : SA11AI.10115  Amount of Each Receipt this Period
_	70202	Amount of Each necelpt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial)  Stephen J Rappa		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.10116
-	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	340.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	30.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Stephen J Rappa Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 28 City Zip Code State Transaction ID: SA11AI.10117 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation VP, Pharmacy Operations-LTC Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen J Rappa Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 09 04 2015 City State Zip Code Transaction ID: SA11AI.10118 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations-LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen J Rappa Date of Receipt Mailing Address 201 E. Fourth Street 09 11 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.10119 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation VP, Pharmacy Operations-LTC Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Stephen J Rappa  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  380.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Stephen J Rappa  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  390.00	Date of Receipt  M M M / D 25 2015  Transaction ID: SA11AI.10121  Amount of Each Receipt this Period  10.00
Full Name (Last, First, Middle Initial)  Amy Roberts  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation Sales Director  Aggregate Year-to-Date ▼ 280.00	Date of Receipt  O7
SUBTOTAL of Receipts This Page (optional)		40.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Amy Roberts Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 City Zip Code State Transaction ID: SA11AI.10123 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Amy Roberts Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 31 2015 City State Zip Code Transaction ID: SA11AI.10124 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Amy Roberts Date of Receipt Mailing Address 201 E. Fourth Street 80 14 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.10125 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Sales Director Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Amy Roberts  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)  Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation Sales Director  Aggregate Year-to-Date ▼  360.00	Date of Receipt  08 28 2015  Transaction ID: SA11AI.10126  Amount of Each Receipt this Period  20.00
Amy Roberts  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)	State Zip Code OH 45202  C Occupation Sales Director  Aggregate Year-to-Date ▼  380.00	Date of Receipt  09 11 2015  Transaction ID : SA11AI.10127  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Amy Roberts  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation Sales Director  Aggregate Year-to-Date ▼ 400.00	Date of Receipt  99 25 2015  Transaction ID : SA11AI.10128  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Thomas Schleigh  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		07 03 2015
City	State Zip Code	Transaction ID : SA11AI.10129
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	560.00	
Full Name (Last, First, Middle Initial)  Thomas Schleigh		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 712 C 1	07 17 2015
Cincipati	State Zip Code	Transaction ID : SA11AI.10130
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial)  C. Thomas Schleigh		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 31 2015
City	State Zip Code	Transaction ID : SA11AI.10131
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	640.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Thomas Schleigh  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary General  Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date   680.00	Date of Receipt  M M
Full Name (Last, First, Middle Initial)  Thomas Schleigh  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  720.00	Date of Receipt  M M M / 28 2015  Transaction ID: SA11AI.10133  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial)  Thomas Schleigh  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼ 760.00	Date of Receipt  M M / 2015  Transaction ID: SA11AI.10134  Amount of Each Receipt this Period  40.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	120.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Thomas Schleigh  Mailing Address 201 F. Fourth Street		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 25 2015
City	State Zip Code	Transaction ID : SA11AI.10135
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial)  3. Robin Taylor		Date of Receipt
Mailing Address 201 E. Fourth Street	M = M / D = D / Y = Y = Y	
900 Omnicare Center	Ctata Zin Cada	07 03 2015
City	State Zip Code OH 45202	Transaction ID : SA11AI.10147
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Account Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial)  C. Robin Taylor		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.10148
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Account Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	80.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE				
Full Name (Last, First, Middle Initial)  Robin Taylor  Mailing Address 201 E. Fourth Street		Date of Receipt			
900 Omnicare Center		07 31 2015			
City	State Zip Code	Transaction ID : SA11AI.10149			
Cincinnati	OH 45202	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	20.00			
Name of Employer	Occupation				
Omnicare, Inc.	Sr. Director, Account Management				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General  Other (specify) ▼	320.00				
Full Name (Last, First, Middle Initial)  Robin Taylor		Date of Receipt			
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y			
900 Omnicare Center City	08 14 2015				
Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.10150			
	43202	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	20.00			
Name of Employer	Occupation				
Omnicare, Inc.	Sr. Director, Account Management				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00				
Full Name (Last, First, Middle Initial)  C. Robin Taylor		Date of Receipt			
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 28 2015			
City	State Zip Code OH 45202	Transaction ID : SA11AI.10151			
Cincinnati	OH 45202	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	20.00			
Name of Employer	Occupation				
Omnicare, Inc.	Sr. Director, Account Management				
Receipt For:					
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  360.00				
SUBTOTAL of Receipts This Page (optional)		60.00			
TOTAL This Period (last page this line number	only)				

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

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	_ ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Robin Taylor		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	09 11 2015 Transaction ID : SA11AI.10152
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
Omnicare, Inc.	Sr. Director, Account Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial)  Robin Taylor		Date of Receipt
Mailing Address 201 E. Fourth Street	M = M / D = D / Y = Y = Y	
900 Omnicare Center City	State Zip Code	09 25 2015 Transaction ID : \$A11A1 10153
Cincinnati	OH 45202	Transaction ID : SA11AI.10153  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Account Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  C. Daniel A Thomas		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	Ctata Zin Carla	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.10154  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	-
Omnicare, Inc.	VP & GM RxCrossroads	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	280.00	
SUBTOTAL of Receipts This Page (optional).	•	60.00
TOTAL This Period (last page this line numb	er only)	

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Daniel A Thomas Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 City Zip Code State Transaction ID: SA11AI.10155 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP & GM RxCrossroads Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel A Thomas Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 31 2015 City State Zip Code Transaction ID: SA11AI.10156 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP & GM RxCrossroads Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel A Thomas Date of Receipt Mailing Address 201 E. Fourth Street 80 14 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.10157 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP & GM RxCrossroads Omnicare, Inc.

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340.00

Aggregate Year-to-Date ▼

Receipt For:

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Other (specify)

General

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Daniel A Thomas Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 28 City Zip Code State Transaction ID: SA11AI.10158 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP & GM RxCrossroads Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel A Thomas Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 09 2015 11 City State Zip Code Transaction ID: SA11AI.10159 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP & GM RxCrossroads Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel A Thomas Date of Receipt Mailing Address 201 E. Fourth Street 09 25 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.10160 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP & GM RxCrossroads Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to						
OMNICARE, INC. POLITICA	L ACTION COMMITTEE						
Full Name (Last, First, Middle Initial)  A. Gina J. Timmons		Date of Receipt					
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 2015					
City	State Zip Code	Transaction ID : SA11AI.10161					
Cincinnati	OH 45202	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer	Occupation						
Omnicare, Inc.	VP, Customer Facing Technology						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	280.00						
	5						
Full Name (Last, First, Middle Initial)  Gina J. Timmons		Date of Receipt					
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y					
900 Omnicare Center							
City	State Zip Code	Transaction ID : SA11AI.10162					
Cincinnati	OH 45202	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer	Occupation						
Omnicare, Inc.	VP, Customer Facing Technology						
Receipt For:							
Primary General	Aggregate Year-to-Date ▼						
Other (specify)	300.00						
Full Name (Last, First, Middle Initial)  Cina J. Timmons		Date of Receipt					
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 31 _ 2015 _					
City	State Zip Code	Transaction ID : SA11AI.10163					
Cincinnati	OH 45202	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer	Occupation						
Omnicare, Inc.	VP, Customer Facing Technology						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	Aggregate real to bate ₹						
Other (specify) ▼	320.00						
CURTOTAL of Descripto This Descriptor		60.00					
SUBTUTAL OF Receipts This Page (optional	<u>)</u>						
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Gina J. Timmons  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation VP, Customer Facing Technology  Aggregate Year-to-Date ▼  340.00	Date of Receipt  M M M
Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For:  Primary General Other (specify) ▼	State Zip Code OH 45202  C  Occupation VP, Customer Facing Technology  Aggregate Year-to-Date ▼  360.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Gina J. Timmons  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Customer Facing Technology  Aggregate Year-to-Date ▼  380.00	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	60.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Gina J. Timmons  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 45202  C Occupation VP, Customer Facing Technology Aggregate Year-to-Date ▼ 400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Thomas Tucker  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code OH 45202  C Occupation Regional Service Area Director  Aggregate Year-to-Date ▼  350.00	Date of Receipt  07 03 2015  Transaction ID: SA11AI.10169  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial)  Thomas Tucker  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)	State Zip Code OH 45202  C  Occupation Regional Service Area Director  Aggregate Year-to-Date ▼  375.00	Date of Receipt  M M Z 2015  Transaction ID: SA11AI.10171  Amount of Each Receipt this Period  25.00
SUBTOTAL of Receipts This Page (optional)		70.00
TOTAL This Period (last page this line number of	only)	

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Thomas Tucker  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation Regional Service Area Director  Aggregate Year-to-Date ▼  400.00	Date of Receipt  07 31 2015  Transaction ID: SA11AI.10173  Amount of Each Receipt this Period  25.00
Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  Other (specify)   General	State Zip Code OH 45202  C Occupation Regional Service Area Director  Aggregate Year-to-Date ▼  425.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Thomas Tucker  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation Regional Service Area Director  Aggregate Year-to-Date ▼ 450.00	Date of Receipt  08 28 2015  Transaction ID: SA11AI.10177  Amount of Each Receipt this Period  25.00
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	75.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Thomas Tucker		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 11 2015
City	State Zip Code	Transaction ID : SA11AI.10179
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Service Area Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 -5	
Other (specify) ▼	475.00	
Full Name (Last, First, Middle Initial)  Thomas Tucker		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	01:4:	09 25 2015
City	State Zip Code	Transaction ID : SA11AI.10181
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Service Area Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Denise Von Dohren		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 2015
City	State Zip Code	Transaction ID : SA11AI.10189
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Brand Support Solutions	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	280.00	
SUBTOTAL of Receipts This Page (optional)		70.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 56 OF 67 Use separate schedule(s) for each category of the Detailed Summary Page

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	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Denise Von Dohren  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City  Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation VP, Brand Support Solutions  Aggregate Year-to-Date ▼  300.00	Date of Receipt  07 17 2015  Transaction ID: SA11AI.10190  Amount of Each Receipt this Period  20.00
Pull Name (Last, First, Middle Initial)  Denise Von Dohren  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation VP, Brand Support Solutions  Aggregate Year-to-Date ▼  320.00	Date of Receipt  07 31 2015  Transaction ID : SA11AI.10191  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Denise Von Dohren  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation VP, Brand Support Solutions  Aggregate Year-to-Date ▼  340.00	Date of Receipt    Mark
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	60.00
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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

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Denise Von Dohren		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 28 2015
City	State Zip Code	Transaction ID : SA11AI.10193
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Brand Support Solutions	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial)  Denise Von Dohren  Mailing Address 204 F. Faurth Street	Date of Receipt	
Mailing Address 201 E. Fourth Street	M = M / D = D / Y = Y = Y = Y	
900 Omnicare Center City	State Zip Code	09 11 2015 Transaction ID : \$A11AI 10195
Cincinnati	OH 45202	Transaction ID : SA11AI.10195  Amount of Each Receipt this Period
FEC ID number of contributing		oun of Lasti Hoodipt this Fellou
federal political committee.		20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Brand Support Solutions	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial)  Denise Von Dohren		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		09 25 2015
City	State Zip Code	Transaction ID : SA11AI.10194
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Brand Support Solutions	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Janine Wolfram  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date  280.00	Date of Receipt  07 03 2015  Transaction ID: SA11AI.10217  Amount of Each Receipt this Period
Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Janine Wolfram  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  320.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	60.00
TOTAL This Period (last page this line number	only)	

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Janine Wolfram Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 City Zip Code State Transaction ID: SA11AI.10220 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Janine Wolfram Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 80 28 2015 City State Zip Code Transaction ID: SA11AI.10221 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify)

Full Name (Last, First, Middle Initial) c. Janine Wolfram Date of Receipt Mailing Address 201 E. Fourth Street 09 11 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.10222 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager

Aggregate Year-to-Date ▼

380.00

Receipt For:

Primary

Other (specify)

General

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Janine Wolfram  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.	State Zip Code OH 45202  C Occupation Pharmacy General Manager	Date of Receipt  09 25 2015  Transaction ID : SA11AI.10223  Amount of Each Receipt this Period  20.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Michael Wood  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)   General	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  280.00	Date of Receipt  07 03 2015  Transaction ID: SA11AI.10224  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Michael Wood  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  300.00	Date of Receipt  O7 17 2015  Transaction ID: SA11AI.10225  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	r only)	

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	statements may not be sold or used by any persol e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Michael Wood  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  320.00	Date of Receipt  07 31 2015  Transaction ID: SA11AI.10226  Amount of Each Receipt this Period  20.00
Michael Wood  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)  General	State Zip Code OH 45202  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  340.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Michael Wood  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  360.00	Date of Receipt  08 28 2015  Transaction ID: SA11AI.10228  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Michael Wood  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		09 11 2015
City	State Zip Code	Transaction ID : SA11Al.10229
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial)  Michael Wood		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 7in Code	09 25 2015
Cincippati	State Zip Code OH 45202	Transaction ID : SA11AI.10230
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Jennifer M Yowler		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		07 03 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.10231
	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Financial Processes	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	60.00
TOTAL This Period (last page this line number of	only)	

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	Statements may not be sold or used by any persolename and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Jennifer M Yowler  Mailing Address 2015 5 5 41 9: 41	Date of Receipt	
Mailing Address 201 E. Fourth Street  900 Omnicare Center	Chata	07 17 2015
City	State Zip Code OH 45202	Transaction ID : SA11AI.10232
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Financial Processes	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  3. Jennifer M Yowler		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		07 31 2015
City	State Zip Code	Transaction ID : SA11AI.10233
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Financial Processes	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial)  Jennifer M Yowler		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		08 14 2015
City	State Zip Code	Transaction ID : SA11AI.10234
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Financial Processes	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	340.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Barbara J Zarowitz Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 0.3 City Zip Code State Transaction ID: SA11AI.10235 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation VP, Chief Clinical Officer Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara J Zarowitz Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 07 17 2015 City State Zip Code Transaction ID: SA11AI.10236 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Chief Clinical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Barbara J Zarowitz Date of Receipt Mailing Address 201 E. Fourth Street 07 31 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.10237 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP, Chief Clinical Officer Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any persi- e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  Barbara J Zarowitz  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Chief Clinical Officer  Aggregate Year-to-Date ▼  680.00	Date of Receipt  08 14 2015  Transaction ID: SA11AI.10238  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial)  Barbara J Zarowitz  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP, Chief Clinical Officer  Aggregate Year-to-Date ▼  720.00	Date of Receipt  08 28 2015  Transaction ID: SA11AI.10239  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial)  Barbara J Zarowitz  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation VP, Chief Clinical Officer  Aggregate Year-to-Date ▼ 760.00	Date of Receipt  99 11 2015  Transaction ID : SA11AI.10240  Amount of Each Receipt this Period  40.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	120.00
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	. ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  A. Barbara J Zarowitz  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center	09 25 2015 Transaction ID : \$A44A140244	
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.10241  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Chief Clinical Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  3.		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	The state of the s
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
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TOTAL This Period (last page this line number	er only)	4610.00

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SCHEDULE B (FEC Form 3X)	Lloo concrete och adula(a)	-	LINE NUMBER: PAGE 67 OF 67				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23 24 25 26				
	Detailed Summary Page	27	28a 28b 28c X 29 30b				
Any information copied from such Reports and Statem	lents may not be sold or use	ed by any perso					
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
$\left   ight>$ OMNICARE, INC. POLITICAL ACT	ION COMMITTEE						
Full Name (Last, First, Middle Initial)							
A. US BANK			Date of Disbursement				
Mailing Address P.O. Box 1800			07 31 2015				
maining / tour coor 1.0. Box 1000			2010				
•	State Zip Code		Transaction ID : SB29.10242				
Saint Paul Purpose of Disbursement	MN 55101						
Tarpese of Biobardoment		001	Amount of Each Disbursement this Period				
Candidate Name		Category/	141.29				
Office Sought:	aget For	Type	141.29				
Office Sought: House Disbursen Senate	nent For:  Primary General						
	Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial)							
B. US BANK		Date of Disbursement					
Mailing Address P.O. Box 1800		08 31 2015					
City	State Zip Code						
	MN 55101		Transaction ID: SB29.10243				
Purpose of Disbursement		004	Assessed of Early District control this Decise				
Candidate Name		001	Amount of Each Disbursement this Period				
		Category/ Type	142.13				
Office Sought: House Disbursen	nent For:						
	Primary General						
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C. US BANK			Date of Disbursement				
Mailing Address P.O. Box 1800	Mailing Address D.O. Day 4000						
Mailing Address F.O. DUX 1000			09 30 2015				
	State Zip Code		Transaction ID : SB29.10244				
Saint Paul Purpose of Disbursement	MN 55101						
. 4.5000 0. 2.024.00		001	Amount of Each Disbursement this Period				
Candidate Name		Category/	149.51				
Office Courbby   House		Type	149.51				
Office Sought: House Disbursen Senate	nent For:  Primary General						
	Other (specify)						
State: District:							
			432.93				
SUBTOTAL of Disbursements This Page (optional)		······	402.93				
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