01/11/2010 08:23

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For Oth	er Than An	Authorized	Committe	e		Office Use	Only	
NAME OF COMMITTEE (in full)		MAILING LAI OR PRINT		nple:If typing, the lines	type	• • • •]	
OmniCare, Inc. Politcal	Action Committ	ee 							
ADDRESS (number and street	t)	River Center II	r Blvd						
Check if different than previously reported. (ACC)	Coving	ton				KY	411	01	
2. FEC IDENTIFICATION	NUMBER 1	·	CITY 🛕		5	STATE	ZI	PCODE 🛕	
C00392886			3. IS THIS REPORT	X N	EW OR		AMENDED (A)		
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Reports: July 15 Quarterly Reports: October 15 Quarterly Reports: X January 31 Quarterly Reports:	ort(Q1) (c) ort(Q2) ort(Q3) ort(YE) ear	PRE-Election Report for t	on 📙	J	F	Se	(12G) ir	Nov 20 (Non-Ele Year On Dec 20 (Non-Ele Year On Jan 31	ection lly) (M12) ection lly) (YE)
Report(Non-el Year Only) (M' Termination R (TER)	Y)	Post -Elect Report for t		General (30G		Runoff	` ′ L	Special the state of	(30S)
5. Covering Period	07 0	1 200	9	through	12	3 1	2009		
I certify that I have examined Type or Print Name of Treast	· · · · ·		ny knowledge an	nd belief it is t	rue, correct a	and complet	Э.		
	ectronically Filed	-		ect the perso		ate 0		2 0 1 0	
Office Use	1		, <u>, , , , , , , , , , , , , , , , , , </u>	,			1	ORM 3X	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

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

FEC Form 3X (Rev. 02/2003)

м м 0 7 2009 0 1 Report Covering the Period: From:

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

To:

м м 12

^D 31

2009

2/97

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
i. (a)	Cash on Hand January 1 2009 Y Y Y		29044.78
(b)	Cash on Hand at Begining of Reporting Period	24555.39	
(c)	Total Receipts (from Line 19)	14975.65	26622.19
(d)	Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39531.04	55666.97
. Tot	al Disbursements (from Line 31)	7177.64	23313.57
Re	sh on Hand at Close of corting Period btract Line 7 from Line 6(d))	32353.40	32353.40
the	obts and Obligations owed TO committee (Itemize all on nedule C and/or Schedule D)	0.00	
the	obts and Obligations owed BY committee (Itemize all on needule C and/or Schedule D)	0.00	

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) 3 / 97

Write or Type Committee Name

OmniCare, Inc. Politcal Action Committee

Report Covering the Period:

м м 0 7

From:

01

2009

то.

м м 12 ^D 31

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	13174.64	20405.35
	(ii) Unitemized	1801.01	6216.84
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	14975.65	26622.19
(b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14975.65	26622.19
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	14975.65	26622.19
	otal Federal Receipts subtract Line 18(c) from Line 19)	14975.65	26622.19

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 97

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	6500.00	22500.00
Independent Expenditure	0.00	0.00
(use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	677.64	813.57
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		
Total Disbursements (add Lines 21(c), 22,	7177.64	00010 57
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7177.64	23313.57
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7177.64	23313.57
11011 Ellio 01/	7177.07	20010.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 97

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) from Line 11(d), page 3)	14975.65	26622.19
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	14975.65	26622.19
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 97 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee (In Full)	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DRIV City VILLA HILLS FEC ID number of contributing federal political committee.	State Zip Code KY 41017	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼	Occupation VP & CONTROLLER Aggregate Year-to-Date 208.35	Semi-Monthly Payroll Deduction - \$41.67
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DRIV City	E State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
VILLA HILLS FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC	KY 41017 C Occupation	Amount of Each Receipt this Period 41.67 Semi-monthly payroll deduction - \$41.67
Receipt For: Primary General Other (specify)	VP & CONTROLLER Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DRIV	E	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City VILLA HILLS	State Zip Code KY 41017	Transaction ID: SA11AI.6153 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer OMNICARE, INC	Occupation VP & CONTROLLER	Semi-monthly payroll deduction - \$41.67
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	
SUBTOTAL of Receipts This Page (optional)		125.01

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/97 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Cor	the name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
Mailing Address 2050 DAMSON DR City	RIVE State	Zip Code	1 0 1 5 2 0 0 9 Transaction ID: SA11AI.6232
VILLA HILLS	KY	41017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer OMNICARE, INC	Occupation VP & CO	n NTROLLER	Semi-monthly contribution - \$41.67
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT	N/5		Date of Receipt
Mailing Address 2050 DAMSON DR	RIVE		10 30 2009
City	State	Zip Code	Transaction ID: SA11AI.6243
VILLA HILLS	KY	41017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer OMNICARE, INC	Occupation VP & CO	n NTROLLER	Semi-monthly contribution - \$41.67
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.03]
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
Mailing Address 2050 DAMSON DR	RIVE		1 1 1 3 2 0 0 9
City	State	Zip Code	Transaction ID: SA11Al.6332
VILLA HILLS	KY	41017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer OMNICARE, INC	 	NTROLLER	Semi-monthly Payroll Deduction - \$41.67
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70	
SUBTOTAL of Receipts This Page (optional	al)		125.01

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/9/ (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Con	nmittee		
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
Mailing Address 2050 DAMSON DRI	IVE		11 30 2009
City VILLA HILLS	State KY	Zip Code 41017	Transaction ID: SA11Al.6344 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	71017	41.67
Name of Employer OMNICARE, INC	Occupation VP & CO	n NTROLLER	Semi-monthly Payroll Deduction - \$41.67
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 458.37	
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
Mailing Address 2050 DAMSON DRI	IVE		12 15 2009
City VILLA HILLS	State KY	Zip Code 41017	Transaction ID: SA11Al.6356 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	71017	41.67
Name of Employer OMNICARE, INC	Occupation VP & CO	n NTROLLER	Semi-monthly Payroll Deduction - \$41.67
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼ 500.04	
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
Mailing Address 2050 DAMSON DRI	IVE		1 2 3 1 2 0 0 9
City VILLA HILLS	State KY	Zip Code 41017	Transaction ID: SA11Al.6368 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	71017	41.67
Name of Employer OMNICARE, INC	Occupation VP & CO	n NTROLLER	Semi-monthly Payroll Deduction - \$41.67
Receipt For: Primary General Other (specify) ▼	<u>'</u>	Year-to-Date ▼ 541.71	
SUBTOTAL of Receipts This Page (optional			125.01

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landin City Plainfield	ng Dr. State IL	Zip Code 60586	Date of Receipt 0 7 1 0 2 0 0 9 Transaction ID: SA11AI.5984 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Omnicare of No. IL.	C		BI-WEEKLY PAYROLL DEDUCT - \$15.00
	Omnicare of No. IL. Receipt For: Primary General Other (specify)	Pharmac Aggregate	e Year-to-Date ▼ 225.00	
 3.	Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landin	ng Dr.		Date of Receipt 0 7 2 4 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6002
	Plainfield FEC ID number of contributing federal political committee.	C	60586	Amount of Each Receipt this Period 15.00
	Name of Employer Omnicare of No. IL.	Occupatio Pharmac	cist	BI-WEEKLY PAYROLL DEDUCT - \$15.00
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landir	ng Dr.		Date of Receipt 0 8 0 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6052
	Plainfield FEC ID number of contributing federal political committee.	C	60586	Amount of Each Receipt this Period
	Name of Employer Omnicare of No. IL.	Occupatio Pharmac		Bi-weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 255.00	
	SUBTOTAL of Receipts This Page (optional)	1		45.00

SCHEDULE A (FEC Form 3X)

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Land	ing Dr.		Date of Receipt 0 8 2 1 2 0 0 9
	City Plainfield	State IL	Zip Code 60586	Transaction ID: SA11AI.6070 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer Omnicare of No. IL. Receipt For: Primary General Other (specify) ▼	Occupation Pharmace Aggregate		Bi-weekly Payroll Deduction - \$15.00
В.	Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Land	ing Dr.		Date of Receipt 0 9 0 4 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6110
	Plainfield FEC ID number of contributing federal political committee.	C	60586	Amount of Each Receipt this Period
	Name of Employer Omnicare of No. IL.	Occupation Pharmac	eist	Bi-weekly payroll deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	
-).	Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Land	ing Dr.		Date of Receipt 0 9 1 8 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6128
	Plainfield FEC ID number of contributing federal political committee.	C	60586	Amount of Each Receipt this Period
	Name of Employer Omnicare of No. IL.	Occupation Pharmac		Bi-weekly payroll deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	1		45.00

SCHEDULE A (FEC Form 3X)

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 97 (check only one) X
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) DmniCare, Inc. Politcal Action Comm	e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. <u>C</u> C F	Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landin City Plainfield EEC ID number of contributing ederal political committee. Jame of Employer Omnicare of No. IL. Receipt For: Primary General Other (specify)	State IL C Occupation Pharmace		Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 / 2 0 0 9 Transaction ID: SA11AI.6177 Amount of Each Receipt this Period 15.00 Bi-weekly contribution - \$15.00
3. <u>C</u> C F for C	Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landin City Plainfield FEC ID number of contributing ederal political committee. Jame of Employer Dinnicare of No. IL. Receipt For: Primary General Other (specify)	State IL C Occupation Pharmace	Zip Code 60586	Date of Receipt M M M
;. C N	Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landin City Plainfield EEC ID number of contributing ederal political committee. Jame of Employer Omnicare of No. IL. Receipt For: Primary General Other (specify)	State IL C Occupation Pharmace		Date of Receipt M M M
SU	BTOTAL of Receipts This Page (optional)			45.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 97 (check only one) X 11a
A	ny information copied from such Reports and r for commercial purposes, other than using t	d Statements may he name and add	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	ımittee		
	Full Name (Last, First, Middle Initial) Charles Agonis			Date of Receipt
	Mailing Address 1416 Pheasant Land			111 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Plainfield	State II	Zip Code	Transaction ID: SA11AI.6291
	FEC ID number of contributing federal political committee.	C	60586	Amount of Each Receipt this Period 15.00
	Name of Employer Omnicare of No. IL.	Occupation Pharmac		Bi-weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 360.00	
- s.	Full Name (Last, First, Middle Initial) Charles Agonis			Date of Receipt
	Mailing Address 1416 Pheasant Land	ling Dr.		1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.6292
	Plainfield	IL	60586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Omnicare of No. IL.	Occupation Pharmac		Bi-weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
	Full Name (Last, First, Middle Initial) Charles Agonis			Date of Receipt
	Mailing Address 1416 Pheasant Land	ling Dr.		12 11 2009
	City	State	Zip Code	Transaction ID: SA11AI.6293
	Plainfield FEC ID number of contributing federal political committee.	C	60586	Amount of Each Receipt this Period 15.00
	Name of Employer Omnicare of No. IL.	Occupation Pharmac		Bi-weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
Г				45.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 97 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	I Statements may not be sold or used by any pers he name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
OmniCare, Inc. Political Action Com Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Land City Plainfield FEC ID number of contributing federal political committee. Name of Employer Omnicare of No. IL. Receipt For: Primary General Other (specify) ▼		Date of Receipt M M
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY CI City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	RCLE State Zip Code AL 35242 C Occupation PHARMACIST Aggregate Year-to-Date 504.00	Date of Receipt M M D D 2 0 0 9
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY CI City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code AL 35242 C Occupation PHARMACIST Aggregate Year-to-Date 546.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		99.00

Ι٦	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS ny information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule s	FOR LINE NUMBER: PAGE 14 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
OI	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Com		dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY CII	RCI F		Date of Receipt
				08 14 2009
	City BHAM	State AL	Zip Code 35242	Transaction ID: SA11AI.6084 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	OOL+E	42.00
	Name of Employer OMNICARE INC	Occupation PHARM.		Semi-Monthly Payroll Deduction - \$42.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 588.00	
— 3.	Full Name (Last, First, Middle Initial) SCOTT ARLEDGE			Date of Receipt
	Mailing Address 1016 LOCKSLEY CII	RCLE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City BHAM	State AL	Zip Code 35242	Transaction ID: SA11AI.6094 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer OMNICARE INC	Occupation PHARM		Semi-Monthly Payroll Deduction - \$42.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 630.00	
—).	Full Name (Last, First, Middle Initial) SCOTT ARLEDGE			Date of Receipt
	Mailing Address 1016 LOCKSLEY CII	RCLE		09 15 2009
	City BHAM	State A L	Zip Code 35242	Transaction ID: SA11AI.6144 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer OMNICARE INC	Occupation PHARM		Semi-monthly payroll deduction - \$42.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 672.00	
	SUBTOTAL of Receipts This Page (optional)		_	126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 97 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Co.	g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY (City	CIRCLE State	Zip Code	Date of Receipt M M
BHAM FEC ID number of contributing federal political committee.	C	35242	Amount of Each Receipt this Period 42.00
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation PHARMA Aggregate		Semi-monthly payroll dedu- ction - \$42.00
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY	CIRCLE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BHAM EEC ID number of contributing	State AL	Zip Code 35242	Transaction ID: SA11AI.6233 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation PHARMA		Semi-monthly contribution - \$42.00
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY	CIRCLE		Date of Receipt
City BHAM FEC ID number of contributing federal political committee.	State AL	Zip Code 35242	Transaction ID: SA11AI.6244 Amount of Each Receipt this Period 42.00
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation PHARMA Aggregate		Semi-monthly contribution - \$42.00
SUBTOTAL of Receipts This Page (option	al)		126.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 16 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Cor	the name and address of any p	or used by any perso olitical committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY C City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code AL 35242 C Occupation PHARMACIST Aggregate Year-to-Date	1 1	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) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY C City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code AL 35242 C Occupation PHARMACIST Aggregate Year-to-Date	1 1	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) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY C City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code AL 35242 C Occupation PHARMACIST Aggregate Year-to-Date	1 1	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	·····•	126.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Com	d Statements may not be sold or used by any personante name and address of any political committee to	
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY C City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code AL 35242 C Occupation PHARMACIST Aggregate Year-to-Date 966.00	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: SA11AI.6369 Amount of Each Receipt this Period 42.00 Semi-monthly Payroll Deduction - \$42.00
Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road City Royersford FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify)	State Zip Code PA 19468 C Occupation VP Public Affairs Aggregate Year-to-Date 2400.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road City Royersford FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify)	State Zip Code PA 19468 C Occupation VP Public Affairs Aggregate Year-to-Date 2600.00	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)	442.00

Mailing Address 208 Old Mill Road State Zip Code Transaction ID: SA11Al.6349 Amount of Each Receipt this Period Coccupation Coccu	I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 18 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
A. Paul Baldwin Mailing Address 208 Old Mill Road City State Zip Code Roversford PA 19468 FEC ID number of contributing federal political committee. Name of Employer Ornicare, Inc. Aggregate Year-to-Date ▼ Transaction ID: SA11Al.6339 Transaction ID: SA11Al.639 Tr	7	NAME OF COMMITTEE (In Full)		dress of any political committee to	solicit contributions from such committee.
City Roversford Rover	∠ A .	Paul Baldwin			-
Royersford PA 19488 FEC ID number of contributing federal political committee. Name of Employer Ornnicare, Inc		Mailing Address 208 Old Mill Road			
Receipt For: Primary General Ccupation Ccupation Ccupation Sami-monthly Payroll Deduction - \$200.00		-		•	
Name of Employer Omicare, liftc Name of Employer Omicare, liftc Receipt For: Primary General Other (specify) ▼ Paul Baldwin Name of Employer Omicare, liftc Receipt For: Pull Name (Last, First, Middle Initial) Receipt For: Pull Name (Last, First, Middle Initial) Receipt For: Pull Name of Employer Omicare, liftc Paul Baldwin Name of Employer Office (specify) ▼ Date of Receipt Name of Employer Omicare, liftc Paul Baldwin Mailing Address 208 Old Mill Road City Paul Baldwin Mailing Address 208 Old Mill Road City State Zip Code PA 19468 Paul Baldwin Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Name of Employer Omicare, liftc City State Zip Code PA 19468 Date of Receipt this Period Semi-monthly Payroll Deduction · \$200.00		•	PA	19468	Amount of Each Receipt this Period
Continuers, file Continuers			C		
Primary		Name of Employer Omnicare, Inc			ction - \$200.00
B. Paul Baldwin Mailing Address 208 Old Mill Road City State Zip Code PA 19468 FEC ID number of contributing federal political committee. Paul Baldwin Mailing Address 208 Old Mill Road C C Semi-monthly Payroll Deduction - \$200.00 Transaction ID: SA11Al.6373 Amount of Each Receipt M M M J D D D D D D D D D D D D D D D D		Primary General	Aggregate	2800.00	
City State Zip Code Roversford PA 19468 FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc	- В.				Date of Receipt
Royersford PA 19468 FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Primary General Other (specify) ▼ Semi-monthly Payroll Deduction - \$200.00 Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road City State Zip Code PA 19468 FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Semi-monthly Payroll Deduction - \$200.00		Mailing Address 208 Old Mill Road			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road City State Zip Code PA 19468 FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Paul Bardwin Name of Employer Omnicare, Inc Name of Employer Omnicare, Inc Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Semi-monthly Payroll Deduction - \$200.00		City	State	Zip Code	Transaction ID: SA11Al.6362
Name of Employer Omnicare, Inc Name of Employer Omnicare, Inc Coccupation VP Public Affairs		Royersford	PA	19468	Amount of Each Receipt this Period
Other (specify) ▼ C. Primary General			С		
Ct. Primary General Other (specify) ▼ 3000.00 Cold		Name of Employer Omnicare, Inc			ction - \$200.00
C. Paul Baldwin Mailing Address 208 Old Mill Road City State Zip Code Royersford PA 19468 FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Primary General Other (specify) ▼ C State Zip Code Transaction ID: SA11AI.6373 Amount of Each Receipt this Period Semi-monthly Payroll Deduction - \$200.00		Primary General	Aggregate	1 1 1 1 1 1 1	
City Royersford FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Primary Other (specify) ▼ State Zip Code Transaction ID: SA11AI.6373 Amount of Each Receipt this Period 200.00 Semi-monthly Payroll Deduction - \$200.00 Semi-monthly Payroll Deduction - \$200.00	с. С.	, , , , , , , , , , , , , , , , , , , ,			Date of Receipt
Royersford FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Primary General Other (specify) ▼ Amount of Each Receipt this Period 200.00 Semi-monthly Payroll Deduction - \$200.00 Semi-monthly Payroll Deduction - \$200.00		Mailing Address 208 Old Mill Road			
FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) Occupation VP Public Affairs Aggregate Year-to-Date 3200.00		•		·	
Receipt For: Primary Other (specify) ▼ Occupation VP Public Affairs Aggregate Year-to-Date Aggregate Year-to-Date 3200.00 Semi-monthly Payroll Deduction - \$200.00		•	PA	19468	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) Other (specify)			C		
Primary General Other (specify) ▼ 3200.00		Name of Employer Omnicare, Inc			ction - \$200.00
SUBTOTAL of Receipts This Page (optional) 600.00		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each	parate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 19 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Co	g the name and address of any	d or used by any person political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE I City	.ANE State Zip Co		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC	OH 45243	1 1 1	Amount of Each Receipt this Period 85.00 SEMI-MONTHLY PAYROLL DEDU- CT - \$85.00
Receipt For: Primary General Other (specify)	SPECIAL ADVISO Aggregate Year-to-Da		
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE I	ANE		Date of Receipt 0 7 3 1 2 0 0 9
City	State Zip Co		Transaction ID: SA11AI.6028
CINCINNATI FEC ID number of contributing federal political committee.	OH 45243	* * * *	Amount of Each Receipt this Period 85.00
Name of Employer OMNICARE, INC	Occupation SPECIAL ADVISO	R TO CEO	SEMI-MONTHLY PAYROLL DEDU- CT - \$85.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	tte ▼ 1105.00	
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE I	ANE		Date of Receipt 0 8 1 4 2 0 0 9
City CINCINNATI	State Zip Co OH 45243		Transaction ID: SA11AI.6087 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 43243		85.00
Name of Employer OMNICARE, INC	Occupation SPECIAL ADVISO	R TO CEO	Semi-Monthly Payroll Deduction - \$85.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	1190.00	
SUBTOTAL of Receipts This Page (option	al)		255.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 97 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Con	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE LA	ANE State	Zip Code	Date of Receipt M M M
CINCINNATI FEC ID number of contributing federal political committee.	ОН	45243	Amount of Each Receipt this Period 85.00
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼		n _ ADVISOR TO CEO e Year-to-Date ▼ 1275.00	Semi-Monthly Payroll Deduction - \$85.00
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE LA	ANE		Date of Receipt 0 9 1 5 2 0 0 9
City CINCINNATI	State OH	Zip Code 45243	Transaction ID: SA11AI.6147 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)		n _ ADVISOR TO CEO • Year-to-Date ▼ 1360.00	Semi-monthly payroll deduction - \$85.00
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE LA	ANE		Date of Receipt 0 9 3 0 2 0 0 9
City	State	Zip Code	Transaction ID: SA11Al.6157
CINCINNATI FEC ID number of contributing federal political committee.	ОН	45243	Amount of Each Receipt this Period 85.00
Name of Employer OMNICARE, INC	- ' '	ADVISOR TO CEO	Semi-monthly payroll dedu- ction - \$85.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1445.00	
			255.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such For for commercial purposes, other to NAME OF COMMITTEE (In Full OmniCare, Inc. Political Actions)	•	
Full Name (Last, First, Middle In TIMOTHY E BIEN		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼	Occupation SPECIAL ADVISOR TO CEO Aggregate Year-to-Date 1530.00	Semi-monthly contribution - \$85.00
Full Name (Last, First, Middle In TIMOTHY E BIEN Mailing Address 6210 NUE	·	Date of Receipt
City	State Zip Code	Transaction ID: SA11Al.6247
CINCINNATI FEC ID number of contributing federal political committee. Name of Employer	OH 45243 C Occupation	Amount of Each Receipt this Period 85.00 Semi-monthly contribution
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼	SPECIAL ADVISOR TO CEO Aggregate Year-to-Date 1615.00	- \$85.00
Full Name (Last, First, Middle In TIMOTHY E BIEN	tial)	Date of Receipt
	ELLE LANE	1 1 1 3 2 0 0 9
City CINCINNATI	State Zip Code OH 45243	Transaction ID: SA11AI.6336 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 43243	85.00
Name of Employer OMNICARE, INC	Occupation SPECIAL ADVISOR TO CEO	Semi-monthly Payroll Dedu- ction - \$85.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	
SURTOTAL of Receipts This Page	e (optional)	255.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/97 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Cor	mmittee		
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN			Date of Receipt
Mailing Address 6210 NUEVELLE L	ANE		11 30 2009
City CINCINNATI	State OH	Zip Code 45243	Transaction ID: SA11AI.6348 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	+02+0	85.00
Name of Employer OMNICARE, INC	Occupation	n LADVISOR TO CEO	Semi-monthly Payroll Deduction - \$85.00
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 1785.00	
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN			Date of Receipt
Mailing Address 6210 NUEVELLE L	ANE		12 15 2009
City CINCINNATI	State OH	Zip Code 45243	Transaction ID: SA11Al.6361 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	102.10	85.00
Name of Employer OMNICARE, INC	Occupation	n LADVISOR TO CEO	Semi-monthly Payroll Deduction - \$85.00
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 1870.00	
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN			Date of Receipt
Mailing Address 6210 NUEVELLE L	ANE		1 2 3 1 2 0 0 9
City CINCINNATI	State OH	Zip Code 45243	Transaction ID: SA11AI.6372 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	+J2+J	85.00
Name of Employer OMNICARE, INC	Occupation SPECIAL	n LADVISOR TO CEO	Semi-monthly Payroll Deduction - \$85.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1955.00	
SUBTOTAL of Receipts This Page (optional	I		255.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Com	Statements may not be sold or used by any per ne name and address of any political committee mittee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) JON BORMAN Mailing Address 4704 ELIZABETH PL 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 45242 C Occupation VP OF STRATEGIC SOURCING Aggregate Year-to-Date 250.00	Date of Receipt M M 19 2009 Transaction ID: SA11AI.6032 Amount of Each Receipt this Period 250.00 On-Time Contribution - \$2-50.00
Full Name (Last, First, Middle Initial) ROBERT F BRADY Mailing Address 753 ST ANNES City HOLLAND FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code OH 43528 C Occupation SALES Aggregate Year-to-Date 220.00	Date of Receipt M M J 14 2009 Transaction ID: SA11AI.6079 Amount of Each Receipt this Period 20.00 Semi-Monthly Payroll Deduction - \$20.00
Full Name (Last, First, Middle Initial) ROBERT F BRADY Mailing Address 753 ST ANNES City HOLLAND FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code OH 43528 C Occupation SALES Aggregate Year-to-Date 240.00	Date of Receipt M M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		290.00

SCHEDUL	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/97 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercia	copied from such Reports and St Il purposes, other than using the DMMITTEE (In Full) Inc. Politcal Action Commi	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
ROBERT F BF	ast, First, Middle Initial) RADY SS 753 ST ANNES			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City HOLLAND		State OH	Zip Code 43528	Transaction ID: SA11AI.6139 Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	C		20.00
Name of Emp OMNICARE	oloyer INC	Occupation SALES	n	Semi-monthly payroll dedu- ction - \$20.00
Receipt For: Primary Other (s	General General	Aggregate	Year-to-Date ▼ 260.00	
ROBERT F BE				Date of Receipt
Mailing Addre	ss 753 ST ANNES			09 30 2009
City		State	Zip Code	Transaction ID: SA11AI.6149
HOLLAND FEC ID numb federal political	per of contributing al committee.	ОН	43528	Amount of Each Receipt this Period 20.00
Name of Emp OMNICARE	oloyer INC	Occupation SALES	n	Semi-monthly payroll dedu- ction - \$20.00
Receipt For: Primary Other (s	General specify) ▼	Aggregate	Year-to-Date ▼ 280.00	
Full Name (La ROBERT F Br Mailing Addre				Date of Receipt
	755 ST ANNES			10 15 2009
City HOLLAND		State OH	Zip Code 43528	Transaction ID: SA11AI.6228 Amount of Each Receipt this Period
	per of contributing al committee.	C		20.00
Name of Emp OMNICARE	oloyer INC	Occupation SALES	n	Semi-monthly contribution - \$20.00
Receipt For: Primary Other (s	General specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUPTOTAL of	Receipts This Page (optional)			60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 25 / 97 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee (In Full)	e name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) ROBERT F BRADY Mailing Address 753 ST ANNES City HOLLAND FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)		o Code 8528 o-Date ▼	Date of Receipt M M M J D D J 2009 Transaction ID: SA11AI.6239 Amount of Each Receipt this Period 20.00 Semi-monthly contribution - \$20.00
Full Name (Last, First, Middle Initial) ROBERT F BRADY Mailing Address 753 ST ANNES City HOLLAND FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)		o Code 3528 o-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) ROBERT F BRADY Mailing Address 753 ST ANNES City HOLLAND FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	·	o Code 3528 o-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•		60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 97 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Cor	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT F BRADY Mailing Address 753 ST ANNES City HOLLAND FEC ID number of contributing federal political committee.	State Zip Code OH 43528	Date of Receipt M M
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation SALES Aggregate Year-to-Date 380.00	Semi-monthly Payroll Deduction - \$20.00
Full Name (Last, First, Middle Initial) ROBERT F BRADY Mailing Address 753 ST ANNES	·	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.6364
HOLLAND FEC ID number of contributing federal political committee.	OH 43528	Amount of Each Receipt this Period 20.00
Name of Employer OMNICARE INC	Occupation SALES	Semi-monthly Payroll Deduction - \$20.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Stephen S Brown Mailing Address 4430 Norwood Ln.	N.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.6160
Plymouth FEC ID number of contributing federal political committee.	MN 55442	Amount of Each Receipt this Period 500.00
Name of Employer Omnicare, Inc.	Occupation CIO	One-time Contribution - \$500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	n	540.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 97 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee		
۷.	Full Name (Last, First, Middle Initial) Brian Egan			Date of Receipt
	Mailing Address 9945 SE GIA CT.			07 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.5985
	Portland	OR	97086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Omnicare, Inc - Evergreen	Occupatio		BI-WEEKLY PAYROLL DEDUCT - \$20.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	
 3.	Full Name (Last, First, Middle Initial) Brian Egan			Date of Receipt
	Mailing Address 9945 SE GIA CT.			07 24 YYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.6003
	Portland	OR	97086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			20.00 BI-WEEKLY PAYROLL DEDUCT -
	Name of Employer Omnicare, Inc - Evergreen	Occupation Pharmac		\$20.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
. –	Full Name (Last, First, Middle Initial) Brian Egan			Date of Receipt
	Mailing Address 9945 SE GIA CT.			08 07 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.6054
	Portland FEC ID number of contributing federal political committee.	OR	97086	Amount of Each Receipt this Period 20.00
	Name of Employer Omnicare, Inc - Evergreen			Bi-weekly Payroll Deduction - \$20.00
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 320.00	
	SUBTOTAL of Receipts This Page (optional)			60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 97 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	to for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comr	nittee	
Full Name (Last, First, Middle Initial) Brian Egan		Date of Receipt
Mailing Address 9945 SE GIA CT. City	State Zip Code	0 8 2 1 2 0 0 9 Transaction ID: SA11AI.6072
Portland	OR 97086	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc - Evergreen	Occupation Pharmacist	Bi-weekly Payroll Deduction - \$20.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) Brian Egan		Date of Receipt
Mailing Address 9945 SE GIA CT.		09 / 04 / 2009
City	State Zip Code	Transaction ID: SA11Al.6112
Portland FEC ID number of contributing federal political committee.	OR 97086	Amount of Each Receipt this Period 20.00
Name of Employer Omnicare, Inc - Evergreen	Occupation Pharmacist	Bi-weekly payroll deducti- on - \$20.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Brian Egan		Date of Receipt
Mailing Address 9945 SE GIA CT.		09 18 2009
City Portland	State Zip Code OR 97086	Transaction ID: SA11AI.6131 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc - Evergreen	Occupation Pharmacist	Bi-weekly payroll deduction - \$20.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
SUBTOTAL of Receipts This Page (optional) .		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 97 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT.			Date of Receipt
City Portland	State OR	Zip Code 97086	Transaction ID: SA11AI.6180 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc - Evergreen	Occupatio	n	Bi-weekly contribution - \$20.00
Omnicare, Inc - Evergreen Receipt For: Primary General Other (specify)	Pharmac		
Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT.			Date of Receipt 1 0 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: SA11Al.6200
<u>Portland</u>	OR	97086	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00 Bi-weekly contribution -
Name of Employer Omnicare, Inc - Evergreen	Occupatio Pharmac	cist	\$20.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00]
Full Name (Last, First, Middle Initial) Brian Egan	'		Date of Receipt
Mailing Address 9945 SE GIA CT.			10 30 7 2009
City	State	Zip Code	Transaction ID: SA11Al.6221
Portland FEC ID number of contributing federal political committee.	OR	97086	Amount of Each Receipt this Period 20.00
Name of Employer Omnicare, Inc - Evergreen	Occupatio Pharmac		Bi-weekly contribution - \$20.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	
SUBTOTAL of Receipts This Page (optional)			60.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 97 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee		
۸.	Full Name (Last, First, Middle Initial) Brian Egan			Date of Receipt
	Mailing Address 9945 SE GIA CT.			11 1 1 3 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.6295
	Portland	OR	97086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Omnicare, Inc - Evergreen	Occupatio		Bi-weekly Payroll Deduction - \$20.00
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 460.00	
_	Full Name (Last, First, Middle Initial) Brian Egan			Date of Receipt
	Mailing Address 9945 SE GIA CT.			1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.6296
	<u>Portland</u>	OR	97086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			20.00
	Name of Employer Omnicare, Inc - Evergreen	Occupation Pharmac		Bi-weekly Payroll Deduction - \$20.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
	Full Name (Last, First, Middle Initial) Brian Egan			Date of Receipt
	Mailing Address 9945 SE GIA CT.			12 11 2009
	City	State	Zip Code	Transaction ID: SA11AI.6297
	Portland	OR	97086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Omnicare, Inc - Evergreen	Occupation Pharmac		Bi-weekly Payroll Deduction - \$20.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 97 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	ne name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT.			Date of Receipt
	City Portland	State OR	Zip Code 97086	Transaction ID: SA11AI.6298 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00 Bi-weekly Payroll Deducti-
	Name of Employer Omnicare, Inc - Evergreen Receipt For: Primary General Other (specify) ▼	Occupation Pharmac Aggregate		on - \$20.00 °
3.	Full Name (Last, First, Middle Initial) Dale B Evans Mailing Address 16 Amity Pointe	1		Date of Receipt 0 7 1 0 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.5990
	Clifton Park FEC ID number of contributing federal political committee. C		12065	Amount of Each Receipt this Period 30.00 BI-WEEKLY PAYROLL DEDUCT -
	Name of Employer Omnicare Clinical Research Receipt For:	Occupatio CEO		\$30.00
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dale B Evans Mailing Address 16 Amity Pointe	1		Date of Receipt
		Otata	7'- 0-4-	07 24 2009
	City <u>Clifton Park</u>	State NY	Zip Code 12065	Transaction ID: SA11AI.6008 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Omnicare Clinical Research	Occupatio CEO	n	BI-WEEKLY PAYROLL DEDUCT - \$30.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00	
	SUBTOTAL of Receipts This Page (optional)	1		80.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Com	he name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	Omnicare, inc. Political Action Com	millee		
۱-	Full Name (Last, First, Middle Initial) Dale B Evans			Date of Receipt
	Mailing Address 16 Amity Pointe			08 07 2009
	City Clifton Park	State NY	Zip Code 12065	Transaction ID: SA11AI.6058 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	12003	30.00
	Name of Employer Occupation Occupation CEO		n	Bi-weekly Payroll Deduction - \$30.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
	Full Name (Last, First, Middle Initial) Dale B Evans	-		Date of Receipt
	Mailing Address 16 Amity Pointe			0 8 2 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6076
	Clifton Park	NY	12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Omnicare Clinical Research CEO			30.00 Bi-weekly Payroll Deducti-
			n	on - \$30.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	
_	Full Name (Last, First, Middle Initial) Dale B Evans			Date of Receipt
	Mailing Address 16 Amity Pointe			09 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.6117
	Clifton Park FEC ID number of contributing federal political committee.	C	12065	Amount of Each Receipt this Period 30.00
	Name of Employer Omnicare Clinical Research	Occupation	n	Bi-weekly payroll deducti- on - \$30.00
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 420.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33/97 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persedress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Col	<u> </u>	, , ,	
Full Name (Last, First, Middle Initial) Dale B Evans			Date of Receipt
Mailing Address 16 Amity Pointe			09 18 2009
City Clifton Park	State NY	Zip Code 12065	Transaction ID: SA11Al.6135
FEC ID number of contributing federal political committee.	C	12065	Amount of Each Receipt this Period 30.00
Name of Employer Omnicare Clinical Research	Occupation	n	Bi-weekly payroll deduction - \$30.00
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dale B Evans			Date of Receipt
Mailing Address 16 Amity Pointe			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Clifton Park	State NY	Zip Code 12065	Transaction ID: SA11AI.6185 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12000	30.00
Name of Employer Omnicare Clinical Research	Occupation CEO	n	Bi-weekly contribution - \$30.00
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr.			Date of Receipt
Mailing Address 9060 WISPERINGI	HILL DRIVE		0 7 1 5 2 0 0 9
City CINCINNATI	State OH	Zip Code	Transaction ID: SA11AI.6017
FEC ID number of contributing federal political committee.	С	45242	Amount of Each Receipt this Period 55.73
Name of Employer OMNICARE, INC	Occupation CHIEF F	n INANCIAL OFFICER	SEMI-MONTHLY PAYROLL DEDU- CT - \$55.73
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 724.49	
SUBTOTAL of Receipts This Page (optional	-10		115.73

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 97 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	ne name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr. Mailing Address 9060 WISPERINGHI City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	LL DRIVE State Zip Code OH 45242 C Occupation CHIEF FINANCIAL OFFICER Aggregate Year-to-Date ▼ 780.22	Date of Receipt M M
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr. Mailing Address 9060 WISPERINGHI 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 45242 C Occupation CHIEF FINANCIAL OFFICER Aggregate Year-to-Date 835.95	Date of Receipt M M J 2009 Transaction ID: SA11AI.6085 Amount of Each Receipt this Period 55.73 Semi-Monthly Payroll Deduction - \$55.73
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr. Mailing Address 9060 WISPERINGHI 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 45242 C Occupation CHIEF FINANCIAL OFFICER Aggregate Year-to-Date 891.68	Date of Receipt M M M / 31 / 2009 Transaction ID: SA11AI.6095 Amount of Each Receipt this Period 55.73 Semi-Monthly Payroll Deduction - \$55.73
SUBTOTAL of Receipts This Page (optional)		167.19

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	n using the name and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Inition DAVID W FROESEL, Jr. Mailing Address 9060 WISPE	al)		Date of Receipt
City CINCINNATI	State OH	Zip Code 45242	Transaction ID: SA11AI.6145 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		Semi-monthly payroll deduction - \$55.73
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼		NANCIAL OFFICER Year-to-Date 947.41	ction - \$55.73
Full Name (Last, First, Middle Initi DAVID W FROESEL, Jr. Mailing Address 9060 WISPE	<u> </u>		Date of Receipt 0 9 3 0 2 0 0 9
City	State	Zip Code	Transaction ID: SA11Al.6155
CINCINNATI FEC ID number of contributing federal political committee.	C	45242	Amount of Each Receipt this Period 55.73
Name of Employer OMNICARE, INC		NANCIAL OFFICER	Semi-monthly payroll deduction - \$55.73
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1003.14	
Full Name (Last, First, Middle Initi DAVID W FROESEL, Jr. Mailing Address 9060 WISPE	<u> </u>		Date of Receipt 1 0 1 5 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.6234
CINCINNATI FEC ID number of contributing federal political committee.	C	45242	Amount of Each Receipt this Period 55.73
Name of Employer OMNICARE, INC	Occupation CHIEF FI	n INANCIAL OFFICER	Semi-monthly contribution - \$55.73
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1058.87	
SUBTOTAL of Receipts This Page	(optional)		167.19
TOTAL This Period (last page this I	ne number only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 97 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	d Statements may not be sold or used by any personance and address of any political committee to	
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr. Mailing Address 9060 WISPERINGH 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 45242 C Occupation CHIEF FINANCIAL OFFICER Aggregate Year-to-Date 1114.60	Date of Receipt M M M J 3 0 2 0 0 9 Transaction ID: SA11AI.6245 Amount of Each Receipt this Period 55.73 Semi-monthly contribution - \$55.73
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr. Mailing Address 9060 WISPERINGH 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 45242 C Occupation CHIEF FINANCIAL OFFICER Aggregate Year-to-Date 1170.33	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr. Mailing Address 9060 WISPERINGH 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 45242 C Occupation CHIEF FINANCIAL OFFICER Aggregate Year-to-Date 1226.06	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)	·····	167.19

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 97 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr. Mailing Address 9060 WISPERING	HILL DRIVE		Date of Receipt 1 2 1 5 2 0 0 9
City CINCINNATI FEC ID number of contributing federal political committee.	State OH	Zip Code 45242	Transaction ID: SA11AI.6359 Amount of Each Receipt this Period 55.73
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼	- ' -	n INANCIAL OFFICER e Year-to-Date ▼ 1281.79	Semi-monthly Payroll Dedu- ction - \$55.73
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr. Mailing Address 9060 WISPERING	HILL DRIVE		Date of Receipt 1 2 3 1 2 0 0 9
City CINCINNATI FEC ID number of contributing federal political committee.	State OH	Zip Code 45242	Transaction ID: SA11Al.6370 Amount of Each Receipt this Period 55.73
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼		n INANCIAL OFFICER • Year-to-Date ▼ 1337.52	Semi-monthly Payroll Deduction - \$55.73
Full Name (Last, First, Middle Initial) NICK GENERALOVICH Mailing Address 1200 PORT LANE			Date of Receipt 1 1 1 3 2 0 0 9
City SARASOTA FEC ID number of contributing federal political committee.	State FL	Zip Code 34242	Transaction ID: SA11AI.6319 Amount of Each Receipt this Period 50.00
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	 	n AL MANAGER e Year-to-Date ▼ 250.00	Bi-weekly Payroll Deducti- on - \$50.00
SUBTOTAL of Receipts This Page (options	al)		161.46

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38/97 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	nmittee		
Full Name (Last, First, Middle Initial) NICK GENERALOVICH			Date of Receipt
Mailing Address 1200 PORT LANE	11 27 2009		
City	State FL	Zip Code	Transaction ID: SA11AI.6320
SARASOTA FEC ID number of contributing federal political committee.	C	34242	Amount of Each Receipt this Period 50.00
Name of Employer OMNICARE INC	Occupatio GENERA	n AL MANAGER	Bi-weekly Payroll Deduction - \$50.00
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) NICK GENERALOVICH			Date of Receipt
Mailing Address 1200 PORT LANE			12 11 2009
City SARASOTA	State FL	Zip Code 34242	Transaction ID: SA11AI.6321 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	OTETE	50.00
Name of Employer OMNICARE INC	Occupatio GENERA	n AL MANAGER	Bi-weekly Payroll Deduction - \$50.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) NICK GENERALOVICH			Date of Receipt
Mailing Address 1200 PORT LANE			1 2 2 4 2 0 0 9
City SARASOTA	State FL	Zip Code 34242	Transaction ID: SA11AI.6322 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	UTETE	50.00
Name of Employer OMNICARE INC	Occupatio GENERA	n AL MANAGER	Bi-weekly Payroll Deduction - \$50.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Crieck only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	e name and address of any political commi	y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER C City BUFORD FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code GA 30519 C Occupation PHARMACIST Aggregate Year-to-Date 500.06	Date of Receipt 0 7 10 2009 Transaction ID: SA11AI.5992 Amount of Each Receipt this Period 50.00 BI-WEEKLY PAYROLL DEDUCT - \$50.00
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER C City BUFORD FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code GA 30519 C Occupation PHARMACIST Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D / Y Y Y Y Y O 7 2 4 2 0 0 9 Transaction ID: SA11AI.6010 Amount of Each Receipt this Period 50.00 BI-WEEKLY PAYROLL DEDUCT - \$50.00
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER C City BUFORD FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code GA 30519 C Occupation PHARMACIST Aggregate Year-to-Date 600.06	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	-	150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	nd Statements may not be sold or used by any p g the name and address of any political committe mmittee	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER City BUFORD FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC	CIRCLE State Zip Code GA 30519 C Occupation PHARMACIST	Date of Receipt M M
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER City	CIRCLE State Zip Code	Date of Receipt M M M
BUFORD FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC	GA 30519 C Occupation	Amount of Each Receipt this Period 50.00 Bi-weekly payroll deduction - \$50.00
Receipt For: Primary General Other (specify) ▼	PHARMACIST Aggregate Year-to-Date ▼ 700.00	·
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER	CIRCLE	Date of Receipt 0 9 1 8 2 0 0 9
City BUFORD	State Zip Code GA 30519	Transaction ID: SA11Al.6137 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer OMNICARE INC	Occupation PHARMACIST	Bi-weekly payroll deducti- on - \$50.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (option	al)	150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 97 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	imittee		
۸.	Full Name (Last, First, Middle Initial) HAL J HENDERSON			Date of Receipt
	Mailing Address 2908 PERIMETER (10 02 2009		
	City	State	Zip Code	Transaction ID: SA11Al.6188
	BUFORD	GA	30519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly contribution - \$50.00
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 800.00	1
	Other (specify)	0 0		
	Full Name (Last, First, Middle Initial) HAL J HENDERSON			Date of Receipt
•	Mailing Address 2908 PERIMETER CIRCLE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6206
	BUFORD	<u>GA</u>	30519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			50.00
	Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly contribution - \$50.00
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		850.00	
_	Full Name (Last, First, Middle Initial) HAL J HENDERSON			Date of Receipt
	Mailing Address 2908 PERIMETER (CIRCLE		10 30 7 2009
	City BUFORD	State GA	Zip Code	Transaction ID: SA11AI.6226
	FEC ID number of contributing federal political committee.	C	30519	Amount of Each Receipt this Period 50.00
	Name of Employer OMNICARE INC	Occupation		Bi-weekly contribution - \$50.00
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 900.00	
Г	SUBTOTAL of Receipts This Page (optional	\		150.00

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 97 (check only one) X
Any information copied from such Roor for commercial purposes, other the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Act	an using the name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Init HAL J HENDERSON Mailing Address 2908 PERIN	,		Date of Receipt
City BUFORD	State GA	Zip Code 30519	Transaction ID: SA11AI.6323 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer OMNICARE INC Receipt For: Primary General	Occupation PHARM/ Aggregate		Bi-weekly Payroll Deduction - \$50.00
Other (specify) Full Name (Last, First, Middle Init	al)	950.00	Data of Passist
. HAL J HENDERSON Mailing Address 2908 PERIM	ETER CIRCLE		Date of Receipt M
City	State	Zip Code	Transaction ID: SA11Al.6324
FEC ID number of contributing federal political committee.	GA C	30519	Amount of Each Receipt this Period 50.00 Bi-weekly Payroll Deducti-
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation PHARM/ Aggregate		on - \$50.00
Full Name (Last, First, Middle Init HAL J HENDERSON Mailing Address 2908 PERIN	,		Date of Receipt 1 2 1 1 2 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.6325
BUFORD FEC ID number of contributing federal political committee.	GA C	30519	Amount of Each Receipt this Period 50.00
Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly Payroll Deduction - \$50.00
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1050.00	
SUBTOTAL of Receipts This Page	(optional)		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	e name and address of any political committe	erson for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER CI City BUFORD FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General	State Zip Code GA 30519 C Occupation PHARMACIST Aggregate Year-to-Date	Date of Receipt M
Other (specify) ▼ Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT DE City FLORENCE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General	State Zip Code KY 41042 C Occupation Aggregate Year-to-Date 640.00	Date of Receipt M M M J D D D 2009 Transaction ID: SA11AI.6018 Amount of Each Receipt this Period 60.00 SEMI-MONTHLY PAYROLL DEDUCT - \$60.00
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT DE City FLORENCE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	State Zip Code KY 41042 C Occupation Aggregate Year-to-Date 700.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .	1	170.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Commi	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT DR City FLORENCE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General	State KY C	e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ 3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT DR City FLORENCE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	State KY C Occupatio Aggregate	760.00 Zip Code 41042 n e Year-to-Date ▼ 820.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT DR City FLORENCE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	State KY C Occupatio Aggregate	Zip Code 41042 n e Year-to-Date ▼	Date of Receipt M M M / D D / 2009 Transaction ID: SA11AI.6146 Amount of Each Receipt this Period 60.00 Semi-monthly payroll deduction - \$60.00
	SUBTOTAL of Receipts This Page (optional)			180.00
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45/97 (check only one) X 11a
,	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Comr	nittee		
Α.	Full Name (Last, First, Middle Initial) CHRISTOPHER HORN	Date of Receipt		
	Mailing Address 7190 HIGHPOINT DF	09 30 2009		
	City	State	Zip Code	Transaction ID: SA11AI.6156
	FLORENCE	KY	41042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer OMNICARE INC	Occupatio	n	Semi-monthly payroll deduction - \$60.00
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		940.00	
В.	Full Name (Last, First, Middle Initial) CHRISTOPHER HORN	1		Date of Receipt
	Mailing Address 7190 HIGHPOINT DF	10 15 2009		
	City	State	Zip Code	Transaction ID: SA11AI.6235
	FLORENCE	KY	41042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer OMNICARE INC	Occupatio	n	Semi-monthly contribution - \$60.00
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	
C.	Full Name (Last, First, Middle Initial) CHRISTOPHER HORN			Date of Receipt
	Mailing Address 7190 HIGHPOINT DF	₹		10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State	Zip Code	Transaction ID: SA11Al.6246
	<u>FLORENCE</u>	KY	41042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer OMNICARE INC	Occupatio	n	Semi-monthly contribution - \$60.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1060.00	
	SUBTOTAL of Receipts This Page (optional) .			180.00
	TOTAL This Period (last page this line numbe	r onlv)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46/97 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	mittee		
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN			Date of Receipt
Mailing Address 7190 HIGHPOINT DI	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City FLORENCE	State KY	Zip Code	Transaction ID: SA11AI.6335
FEC ID number of contributing federal political committee.	C	41042	Amount of Each Receipt this Period 60.00
Name of Employer OMNICARE INC	Occupation	n	Semi-monthly Payroll Deduction - \$60.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1120.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN			Date of Receipt
Mailing Address 7190 HIGHPOINT DI	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City FLORENCE	State KY	Zip Code 41042	Transaction ID: SA11Al.6347 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	71072	60.00
Name of Employer OMNICARE INC	Occupation	n	Semi-monthly Payroll Deduction - \$60.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1180.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN			Date of Receipt
Mailing Address 7190 HIGHPOINT DI	R		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.6360
FLORENCE FEC ID number of contributing federal political committee.	C	41042	Amount of Each Receipt this Period 60.00
Name of Employer OMNICARE INC	Occupation	n	Semi-monthly Payroll Dedu- ction - \$60.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1240.00	
SUBTOTAL of Receipts This Page (optional)			180.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	e name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT DE City FLORENCE FEC ID number of contributing federal political committee. Name of Employer OMINICARE INC Receipt For: Primary General Other (specify)	State Zip Code KY 41042 C Occupation Aggregate Year-to-Date ▼ 1300.00	Date of Receipt M M D D 2009 Transaction ID: SA11Al.6371 Amount of Each Receipt this Period 60.00 Semi-monthly Payroll Deduction - \$60.00
Full Name (Last, First, Middle Initial) PATRICE L JOHNSON Mailing Address 19423 HICKORY PL City COUNTRY CLUB HILLS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code IL 60478 C Occupation GENERAL MANAGER Aggregate Year-to-Date 210.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Patrick Keefe Mailing Address 6358 Turpin Hills Driv 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 45244 C Occupation Executive Aggregate Year-to-Date 2260.71	Date of Receipt M M D D Q Q Q Q
SUBTOTAL of Receipts This Page (optional) .		480.71

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 97 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee		
	Full Name (Last, First, Middle Initial) Patrick Keefe			Date of Receipt
	Mailing Address 6358 Turpin Hills Dri	ve		08 / 31 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.6098
	Cincinnati	OH	45244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		410.71
	Name of Employer Omnicare Inc.	Occupation Executive		Semi-Monthly Payroll Deduction - \$410.71
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2671.42	
_	Full Name (Last, First, Middle Initial) Patrick Keefe			Date of Receipt
	Mailing Address 6358 Turpin Hills Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6148
	Cincinnati	OH	45244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		410.71
	Name of Employer Omnicare Inc.	Occupation Executive		Semi-monthly payroll deduction - \$410.71
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	3082.13	
_	Full Name (Last, First, Middle Initial) Patrick Keefe			Date of Receipt
	Mailing Address 6358 Turpin Hills Dri	ve		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6158
	Cincinnati	ОН	45244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		410.71
	Name of Employer Omnicare Inc.	Occupation Executiv		Semi-monthly payroll deduction - \$410.71
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3492.84	
	SUBTOTAL of Receipts This Page (optional)			1232.13

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 97 (check only one) X
A C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	ne name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Patrick Keefe Mailing Address 6358 Turpin Hills Driv City Cincinnati	ve State OH	Zip Code 45244	Date of Receipt 10 15 2009 Transaction ID: SA11AI.6237 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Omnicare Inc. Receipt For: Primary General	Occupation Executive Aggregate	Year-to-Date ▼	Semi-monthly contribution - \$410.71
_ 3.	Full Name (Last, First, Middle Initial) Patrick Keefe Mailing Address 6358 Turpin Hills Driv City Cincinnati FEC ID number of contributing federal political committee. Name of Employer	State OH C	Zip Code 45244	Date of Receipt 10 30 2009 Transaction ID: SA11Al.6249 Amount of Each Receipt this Period 410.71 Semi-monthly contribution - \$410.71
_	Omnicare Inc. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Executive Aggregate	Year-to-Date ▼ 4314.26	
.	Patrick Keefe Mailing Address 6358 Turpin Hills Driv City Cincinnati FEC ID number of contributing federal political committee.	State OH	Zip Code 45244	Date of Receipt M M
	Name of Employer Omnicare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Executive Aggregate		Semi-monthly Payroll Deduction - \$410.71
	SUBTOTAL of Receipts This Page (optional)			1232.13

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 97 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	ne name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patrick Keefe Mailing Address 6358 Turpin Hills Dri	ve	Date of Receipt 1 1 3 0 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.6350
Cincinnati	OH 45244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer Omnicare Inc.	Occupation Executive	Semi-monthly Payroll Deduction - \$225.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4949.97	
Full Name (Last, First, Middle Initial) Patrick Keefe		Date of Receipt
Mailing Address 6358 Turpin Hills Dri	ve	12 15 2009
City	State Zip Code	Transaction ID: SA11Al.6358
Cincinnati	OH 45244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.03
Name of Employer Omnicare Inc.	Occupation Executive	Semi-monthly Payroll Deduction - \$50.03
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Creeda Kesling		Date of Receipt
Mailing Address 579 Brookfield Farm		07 10 7 2009
City <u>Ashland</u>	State Zip Code KY 41102	Transaction ID: SA11AI.5989
FEC ID number of contributing federal political committee.	C 41102	Amount of Each Receipt this Period 28.21
Name of Employer Omnicare - Home Care Ashl- and	Occupation General Manager	BI-WEEKLY PAYROLL DEDUCT - \$28.21
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 338.52	
SUBTOTAL of Receipts This Page (optional)		303.24

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 97 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Cor	the name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Creeda Kesling Mailing Address 579 Brookfield Farm City Ashland FEC ID number of contributing federal political committee. Name of Employer Omnicare - Home Care Ashland Receipt For: Primary General Other (specify)	State KY C Occupation General N		Date of Receipt M M Z 4 Z 0 0 9 Transaction ID: SA11AI.6007 Amount of Each Receipt this Period 28.21 BI-WEEKLY PAYROLL DEDUCT - \$28.21
Full Name (Last, First, Middle Initial) Creeda Kesling Mailing Address 579 Brookfield Farn City Ashland FEC ID number of contributing federal political committee. Name of Employer Omnicare - Home Care Ashland Receipt For: Primary General Other (specify)	State KY C Occupation General N		Date of Receipt M
Full Name (Last, First, Middle Initial) Creeda Kesling Mailing Address 579 Brookfield Farm City Ashland FEC ID number of contributing federal political committee. Name of Employer Omnicare - Home Care Ashland Receipt For: Primary General Other (specify)	State KY C Occupation General M		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	.)		28.21

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedu for each category of the	he (crieck only one)
TEMIZED RECEIF 13	Detailed Summary Pa	age X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by a the name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Con	nmittee	
Full Name (Last, First, Middle Initial) Creeda Kesling		Date of Receipt
Mailing Address 579 Brookfield Farm	ı Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.6116
Ashland	KY 41102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.21
Name of Employer Omnicare - Home Care Ashl-	Occupation General Manager	Bi-weekly payroll deducti- on - \$28.21
and Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	394	94
Full Name (Last, First, Middle Initial) Creeda Kesling		Date of Receipt
Mailing Address 579 Brookfield Farn	n Road	09 / 18 / 2009
City	State Zip Code	Transaction ID: SA11AI.6134
Ashland	KY 41102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.21
Name of Employer Omnicare - Home Care Ashl- and	Occupation General Manager	Bi-weekly payroll deducti- on - \$28.21
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	423	15
Full Name (Last, First, Middle Initial) Creeda Kesling		Date of Receipt
Mailing Address 579 Brookfield Farn	ı Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.6184
<u>Ashland</u>	KY 41102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.21
Name of Employer Omnicare - Home Care Ashl- and	Occupation General Manager	Bi-weekly contribution - \$28.21
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	451	36
)	84.63

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Comr	nittee		
۷.	Full Name (Last, First, Middle Initial) MARK G KOBASUK			Date of Receipt
	Mailing Address 7393 PINEHURST DR	₹		07 15 2009
	City	State	Zip Code	Transaction ID: SA11AI.6014
	CINCINNATI	ОН	45244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		34.90
	Name of Employer OMNICARE	Occupation GENER/	on AL COUNSEL	SEMI-MONTHLY PAYROLL DEDU- CT - \$34.90
	Receipt For:	1	e Year-to-Date ▼	
	Primary General Other (specify) ▼		453.70]
	Full Name (Last, First, Middle Initial) MARK G KOBASUK			Date of Receipt
	Mailing Address 7393 PINEHURST DE	07		
	City	State	Zip Code	Transaction ID: SA11AI.6023
	CINCINNATI	ОН	45244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			34.90
	Name of Employer OMNICARE	Occupation GENER/	n AL COUNSEL	SEMI-MONTHLY PAYROLL DEDU- CT - \$34.90
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	488.60	
).	Full Name (Last, First, Middle Initial) MARK G KOBASUK			Date of Receipt
	Mailing Address 7393 PINEHURST DF	3		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City CINCINNATI	State OH	Zip Code	Transaction ID: SA11AI.6082
	FEC ID number of contributing federal political committee.	C	45244	Amount of Each Receipt this Period 34.90
	Name of Employer OMNICARE	Occupation GENERA	n AL COUNSEL	Semi-Monthly Payroll Deduction - \$34.90
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 523.50	
	SUBTOTAL of Receipts This Page (optional)	1		104.70
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line numbe			104.70

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 97 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	g the name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) MARK G KOBASUK Mailing Address 7393 PINEHURST	DR		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CINCINNATI FEC ID number of contributing	State OH	Zip Code 45244	Transaction ID: SA11AI.6092 Amount of Each Receipt this Period 34.90
Name of Employer OMNICARE Receipt For:	Occupation GENERA	n NL COUNSEL Year-to-Date ▼	Semi-Monthly Payroll Deduction - \$34.90
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	558.40	
. MARK G KOBASUK Mailing Address 7393 PINEHURST	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City CINCINNATI	State OH	Zip Code 45244	Transaction ID: SA11AI.6142
FEC ID number of contributing federal political committee.	C	43244	Amount of Each Receipt this Period 34.90
Name of Employer OMNICARE	· · · · · · · · · · · · · · · · ·	L COUNSEL	Semi-monthly payroll dedu- ction - \$34.90
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 593.30	
Full Name (Last, First, Middle Initial) MARK G KOBASUK			Date of Receipt
Mailing Address 7393 PINEHURST	DR		09 / 30 / 2009
City CINCINNATI	State OH	Zip Code	Transaction ID: SA11AI.6152
FEC ID number of contributing federal political committee.	C	45244	Amount of Each Receipt this Period 34.90
Name of Employer OMNICARE	Occupation GENERA	n AL COUNSEL	Semi-monthly payroll dedu- ction - \$34.90
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 628.20	
SUBTOTAL of Receipts This Page (option	al)		104.70

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary	f the
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Comm	e name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARK G KOBASUK Mailing Address 7393 PINEHURST DE City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For:	State Zip Code OH 45244 C Occupation GENERAL COUNSEL Aggregate Year-to-Date	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARK G KOBASUK Mailing Address 7393 PINEHURST DF	0 0 0 0 0 0	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45244 C Occupation GENERAL COUNSEL Aggregate Year-to-Date 69	Amount of Each Receipt this Period 34.90 Semi-monthly contribution - \$34.90
Full Name (Last, First, Middle Initial) MARK G KOBASUK Mailing Address 7393 PINEHURST DE City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Other (specify)	State Zip Code OH 45244 C Occupation GENERAL COUNSEL Aggregate Year-to-Date	Date of Receipt M M 13 2009 Transaction ID: SA11Al.6331 Amount of Each Receipt this Period 34.90 Semi-monthly Payroll Deduction - \$34.90
SUBTOTAL of Receipts This Page (optional) .		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56/97 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	nmittee			
Full Name (Last, First, Middle Initial) MARK G KOBASUK			Date of Receipt	
Mailing Address 7393 PINEHURST [11 30 2009			
City CINCINNATI	State OH	Zip Code 45244	Transaction ID: SA11AI.6343	
FEC ID number of contributing federal political committee.	C	43244	Amount of Each Receipt this Period 34.90	
Name of Employer OMNICARE	Occupatio GENERA	n AL COUNSEL	Semi-monthly Payroll Deduction - \$34.90	
Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 767.80		
Full Name (Last, First, Middle Initial) MARK G KOBASUK	I		Date of Receipt	
Mailing Address 7393 PINEHURST [12 15 2009			
City CINCINNATI	State Zip Code NNATI OH 45244			
FEC ID number of contributing federal political committee.	C	TOLIT	Amount of Each Receipt this Period 34.90	
Name of Employer OMNICARE	Occupatio GENERA	n AL COUNSEL	Semi-monthly Payroll Deduction - \$34.90	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 802.70		
Full Name (Last, First, Middle Initial) MARK G KOBASUK			Date of Receipt	
Mailing Address 7393 PINEHURST [DR		1 2 3 1 2 0 0 9	
City CINCINNATI	State OH	Zip Code 45244	Transaction ID: SA11AI.6367 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	TOLIT	34.90	
Name of Employer OMNICARE	Occupatio GENERA	n AL COUNSEL	Semi-monthly Payroll Dedu- ction - \$34.90	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 837.60		
SUBTOTAL of Receipts This Page (optional	\		104.70	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comr	e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Meac	low Road		Date of Receipt
	City Southampton	State MA	Zip Code 01073	Transaction ID: SA11AI.5991 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01075	40.00
	Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) ▼	Occupation Pharmace Aggregate		BI-WEEKLY PAYROLL DEDUCT - \$40.00
 3.	Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Mead	dow Road		Date of Receipt
	City	State	Zip Code	0 7 2 4 2 0 0 9 Transaction ID: SA11AI.6009
	Southampton	MA	01073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Omnicare, Inc	Occupation Pharmac		BI-WEEKLY PAYROLL DEDUCT - \$40.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 560.00	
 ;.	Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
	Mailing Address 153 R Pomeroy Mead	dow Road		0 8 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Southampton	State MA	Zip Code 01073	Transaction ID: SA11AI.6059 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Omnicare, Inc	Occupation Pharmac		Bi-weekly Payroll Deduction - \$40.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)			120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee		
	Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
	Mailing Address 153 R Pomeroy Mead	08 21 Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.6077
	Southampton	MA	01073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Omnicare, Inc	Occupation		Bi-weekly Payroll Deduction - \$40.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 640.00	
_	Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
	Mailing Address 153 R Pomeroy Mead	09 04 2009		
	City	State	Zip Code	Transaction ID: SA11AI.6118
	Southampton FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Occupation Pharmace		01073	Amount of Each Receipt this Period
				40.00
			cist	Bi-weekly payroll deduction - \$40.00
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		680.00	
	Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
	Mailing Address 153 R Pomeroy Mead	09 18 2009		
	City	State	Zip Code	Transaction ID: SA11Al.6136
	Southampton	MA	01073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Omnicare, Inc	Occupation Pharmac	cist	Bi-weekly payroll deduction - \$40.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 720.00	
	SUBTOTAL of Receipts This Page (optional)	1		120.00

I	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule s	FOR LINE NUMBER: PAGE 59 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comr	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Meac	low Road		Date of Receipt
	City Southampton	State MA	Zip Code 01073	Transaction ID: SA11AI.6186 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00 Bi-weekly contribution -
	Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) ▼	Occupation Pharmace Aggregate		\$40.00
— З.	Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Meac	Date of Receipt 1 0 1 6 2 0 0 9		
	City	Transaction ID: SA11AI.6205		
	Southampton FEC ID number of contributing federal political committee.	C	01073	Amount of Each Receipt this Period 40.00
	Name of Employer Omnicare, Inc	Occupation Pharmac	cist	Bi-weekly contribution - \$40.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
_).	Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Mead	Date of Receipt		
	City	State	Zip Code	1 0 3 0 2 0 0 9 Transaction ID: SA11Al.6224
	Southampton	MA	01073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00 Bi-weekly contribution -
	Name of Employer Omnicare, Inc	Occupation Pharmac		\$40.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 840.00	
	SUBTOTAL of Receipts This Page (optional) .			120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16		
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	nmittee			
Full Name (Last, First, Middle Initial) Andrew H Kowal		Date of Receipt		
Mailing Address 153 R Pomeroy Mea	dow Road	1 1 1 3 2 0 0 9		
City	State Zip Code	Transaction ID: SA11AI.6315		
Southampton	MA 01073	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	40.00		
Name of Employer Omnicare, Inc	Occupation Pharmacist	Bi-weekly Payroll Deduction - \$40.00		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00			
Full Name (Last, First, Middle Initial) Andrew H Kowal		Date of Receipt		
Mailing Address 153 R Pomeroy Mea	1 1 2 7 2 0 0 9			
City	City State Zip Code			
Southampton	MA 01073	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	40.00		
Name of Employer Omnicare, Inc	Occupation Pharmacist	Bi-weekly Payroll Deduction - \$40.00		
Receipt For:	Aggregate Year-to-Date ▼			
Primary ☐ General Other (specify) ▼	920.00			
Full Name (Last, First, Middle Initial) Andrew H Kowal		Date of Receipt		
Mailing Address 153 R Pomeroy Mea				
City	State Zip Code	Transaction ID: SA11Al.6317		
Southampton	MA 01073	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	40.00		
Name of Employer Omnicare, Inc	Occupation Pharmacist	Bi-weekly Payroll Deduction - \$40.00		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	960.00			
		120.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 97 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Cor	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Me City Southampton	adow Road State MA	Zip Code 01073	Date of Receipt M M
FEC ID number of contributing federal political committee.	C		40.00 Bi-weekly Payroll Deducti-
Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) ▼	Occupation Pharmac Aggregate		on - \$40.00
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE Mailing Address 10428 KONSTANT	INE LANE		Date of Receipt 0 7
City	State	Zip Code	Transaction ID: SA11AI.6013
LOVELAND FEC ID number of contributing federal political committee.	C	45140	Amount of Each Receipt this Period 25.00
Name of Employer OMNICARE, INC Receipt For:		n ESIDENT e Year-to-Date ▼	SEMI-MONTHLY PAYROLL DEDU- CT - \$25.00
Primary General Other (specify)	93,33	300.00	
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE Mailing Address 10428 KONSTANT	INE I ANE		Date of Receipt
		7:a Cada	07 31 2009
City <u>LOVELAND</u>	State OH	Zip Code 45140	Transaction ID: SA11AI.6022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer OMNICARE, INC Receipt For:		ESIDENT	SEMI-MONTHLY PAYROLL DEDU- CT - \$25.00
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00]
SUBTOTAL of Receipts This Page (optional			90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 97 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	he name and ad	y not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) THOMAS W LUDEKE Mailing Address 10428 KONSTANTIN	NE LANE		Date of Receipt
	City LOVELAND	State OH	Zip Code 45140	Transaction ID: SA11AI.6081 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼		n RESIDENT e Year-to-Date ▼ 350.00	Semi-Monthly Payroll Deduction - \$25.00
 s.	Full Name (Last, First, Middle Initial) THOMAS W LUDEKE Mailing Address 10428 KONSTANTIN	NE LANE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6091
	LOVELAND	ОН	45140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00 Semi-Monthly Payroll Dedu-
	Name of Employer OMNICARE, INC	Occupation VICE PF	n ESIDENT	ction - \$25.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00]
	Full Name (Last, First, Middle Initial) THOMAS W LUDEKE Mailing Address 10428 KONSTANTIN	NE LANE		Date of Receipt
	City	State	Zip Code	0 9 1 5 2 0 0 9 Transaction ID: SA11Al.6141
	LOVELAND	OH	45140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE, INC	Occupatio VICE PF	n EESIDENT	Semi-monthly payroll deduction - \$25.00
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 400.00	
5	SUBTOTAL of Receipts This Page (optional)			75.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	and Statements may not be sold or used by any pg the name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE Mailing Address 10428 KONSTAN	TINE LANE	Date of Receipt
City LOVELAND	State Zip Code OH 45140	Transaction ID: SA11AI.6151 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 Semi-monthly payroll dedu-
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼	Occupation VICE PRESIDENT Aggregate Year-to-Date 425.00	ction - \$25.00 payron dodd
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE Mailing Address 10428 KONSTAN	TINE LANE	Date of Receipt
City	State Zip Code	Transaction ID: SA11AI.6230
LOVELAND	OH 45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 Semi-monthly contribution
Name of Employer OMNICARE, INC	Occupation VICE PRESIDENT	- \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE Mailing Address 10428 KONSTAN	TINE LANE	Date of Receipt
City	State Zip Code	1 0 3 0 2 0 0 9 Transaction ID: SA11AI.6241
LOVELAND	OH 45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer OMNICARE, INC	Occupation VICE PRESIDENT	Semi-monthly contribution - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	
SUBTOTAL of Receipts This Page (option	al)	75.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 97 (check only one) X
	orts and Statements may not be sold or used by any pers a using the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	on Committee	
Full Name (Last, First, Middle Initia THOMAS W LUDEKE	<u> </u>	Date of Receipt
Mailing Address 10428 KONS	TANTINE LANE	1 1 1 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11Al.6330
LOVELAND	OH 45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer OMNICARE, INC	Occupation VICE PRESIDENT	Semi-monthly Payroll Deduction - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia		Date of Receipt
Mailing Address 10428 KONS	TANTINE LANE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.6342
LOVELAND	OH 45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer OMNICARE, INC	Occupation VICE PRESIDENT	Semi-monthly Payroll Deduction - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initia	J)	Date of Receipt
Mailing Address 10428 KONS	TANTINE LANE	12 15 2009
City	State Zip Code	Transaction ID: SA11Al.6354
LOVELAND	OH 45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer OMNICARE, INC	Occupation VICE PRESIDENT	Semi-monthly Payroll Deduction - \$25.00
Receipt For: Primary General	Aggregate Year-to-Date ▼ 550.00	7

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 97 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements ma he name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee		
۱.	Full Name (Last, First, Middle Initial) THOMAS W LUDEKE			Date of Receipt
	Mailing Address 10428 KONSTANTIN			12 31 2009
	City LOVELAND	State OH	Zip Code 45140	Transaction ID: SA11AI.6366 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE, INC	Occupation VICE PF	n RESIDENT	Semi-monthly Payroll Deduction - \$25.00
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 575.00	
 3.	Full Name (Last, First, Middle Initial) DANIEL MALONEY Mailing Address 6996 MERLIN CT			Date of Receipt
	Mailing Address 6996 MERLIN CT			09 / 12 / 2009
	CINCININATI	State OH	Zip Code	Transaction ID: SA11AI.6042
	CINCINNATI FEC ID number of contributing federal political committee.	C	45244	Amount of Each Receipt this Period 250.00
	Name of Employer OMNICARE INC	Occupation PHARM/		One-Time Contribution - \$250.00
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) JAMES MATHIS			Date of Receipt
	Mailing Address 4308 BRUSH HILL F	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.6012 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer OMNICARE INC	Occupation CORPO	n RATE COMPLIANCE	SEMI-MONTHLY PAYROLL DEDU- CT - \$21.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 273.00	
	SUBTOTAL of Receipts This Page (optional)	1		296.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 97 (check only one) X
or fo	rinformation copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Commi	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
- (<u> </u> 	Full Name (Last, First, Middle Initial) JAMES MATHIS Mailing Address 4308 BRUSH HILL RO City NASHVILLE FEC ID number of contributing ederal political committee.	State TN	Zip Code 37216	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼		RATE COMPLIANCE e Year-to-Date 294.00	CT - \$21.00
_	Full Name (Last, First, Middle Initial) JAMES MATHIS Mailing Address 4308 BRUSH HILL RO	AD		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6080
- F	NASHVILLE FEC ID number of contributing rederal political committee.	C	37216	Amount of Each Receipt this Period 21.00
1	Name of Employer OMNICARE INC	Occupatio CORPOR	n RATE COMPLIANCE	Semi-Monthly Payroll Deduction - \$21.00
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 315.00	
_	Full Name (Last, First, Middle Initial) JAMES MATHIS Mailing Address 4308 BRUSH HILL RO	AD		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6090
F	NASHVILLE FEC ID number of contributing rederal political committee.	C	37216	Amount of Each Receipt this Period 21.00
1	Name of Employer OMNICARE INC	Occupatio CORPOR	n RATE COMPLIANCE	Semi-Monthly Payroll Deduction - \$21.00
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 336.00	
	BTOTAL of Receipts This Page (optional)			63.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 97 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAMES MATHIS Mailing Address 4308 BRUSH HILL F		T. O.d.	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.6140
FEC ID number of contributing federal political committee.	C	37210	Amount of Each Receipt this Period 21.00
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼		n RATE COMPLIANCE e Year-to-Date ▼ 357.00	Semi-monthly payroll deduction - \$21.00
Full Name (Last, First, Middle Initial) JAMES MATHIS Mailing Address 4308 BRUSH HILL F	ROAD		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	
NASHVILLE	TN	37216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		21.00 Semi-monthly payroll dedu-
Name of Employer OMNICARE INC	Occupatio CORPOI	n RATE COMPLIANCE	ction - \$21.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 378.00	
Full Name (Last, First, Middle Initial) JAMES MATHIS			Date of Receipt
Mailing Address 4308 BRUSH HILL F	ROAD		10 15 2009
City	State	Zip Code	Transaction ID: SA11AI.6229
NASHVILLE	TN	37216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer OMNICARE INC	Occupatio CORPOI	n RATE COMPLIANCE	Semi-monthly contribution - \$21.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 399.00	
SUBTOTAL of Receipts This Page (optional))		63.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68/97 (check only one)
Any information copied from such Re or for commercial purposes, other that	ports and Statements may n using the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	on Committee		
Full Name (Last, First, Middle Initia JAMES MATHIS	al)		Date of Receipt
Mailing Address 4308 BRUSH	HILL ROAD		10 30 7 2009
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.6240 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer OMNICARE INC	Occupation CORPOR	RATE COMPLIANCE	Semi-monthly contribution - \$21.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial	al)		Date of Receipt
Mailing Address 4308 BRUSH	HILL ROAD		M M / D D / Y Y Y Y Y Y 1 Y 1 1 1 1 3 2 0 0 9
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.6329 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.2.0	21.00
Name of Employer OMNICARE INC	Occupation CORPOR	RATE COMPLIANCE	Semi-monthly Payroll Deduction - \$21.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 441.00	
Full Name (Last, First, Middle Initia	<u> </u> al)		Date of Receipt
Mailing Address 4308 BRUSH	HILL ROAD		1 1 3 0 2 0 0 9
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.6341 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07210	21.00
Name of Employer OMNICARE INC	Occupation CORPOF	RATE COMPLIANCE	Semi-monthly Payroll Deduction - \$21.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 462.00	
SUBTOTAL of Receipts This Page ((ontional)		63.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69/97 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Col	mmittee		
Full Name (Last, First, Middle Initial) JAMES MATHIS			Date of Receipt
Mailing Address 4308 BRUSH HILL	ROAD		1 2 1 5 2 0 0 9
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.6353 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer OMNICARE INC	Occupation CORPOR	RATE COMPLIANCE	Semi-monthly Payroll Deduction - \$21.00
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼ 483.00	
Full Name (Last, First, Middle Initial) JAMES MATHIS			Date of Receipt
Mailing Address 4308 BRUSH HILL	ROAD		12 31 YYYYY 12 31 2009
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11Al.6365 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	57210	21.00
Name of Employer OMNICARE INC	Occupation	RATE COMPLIANCE	Semi-monthly Payroll Deduction - \$21.00
Receipt For: Primary General Other (specify) ▼	- + +	Year-to-Date ▼ 504.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER PALEN			Date of Receipt
Mailing Address 158 WORKS ROAL	D		1 2 1 1 2 0 0 9
City HONEOYE FALLS	State NY	Zip Code 14472	Transaction ID: SA11Al.6265 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	177/2	10.00
Name of Employer OMNICARE INC	Occupation GENERA	ı L MANAGER	Bi-weekly Payroll Deduction - \$10.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional			52.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Activities	n using the name and ac	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initic CHRISTOPHER PALEN Mailing Address 158 WORKS City HONEOYE FALLS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	ROAD State NY C Occupation GENER	Zip Code 14472 on AL MANAGER e Year-to-Date ▼ 220.00	Date of Receipt 1 2
Full Name (Last, First, Middle Inition DARREN PARKS Mailing Address 3511 SORRI City LOUISVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	State KY C Occupating	Zip Code 40241 on AL MANAGER e Year-to-Date 210.00	Date of Receipt M M M
Full Name (Last, First, Middle Inition DARREN PARKS Mailing Address 3511 SORRI City LOUISVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	State KY C Occupation GENER	Zip Code 40241 on AL MANAGER re Year-to-Date ▼	Date of Receipt M M M
SUBTOTAL of Receipts This Page	optional)		30.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports an r for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements ma the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Con	nmittee		
۸.	Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr.			Date of Receipt
	Mailing Address 2110 RIVER BEND			07 10 2009
	City KINGWOOD	State TX	Zip Code 77345	Transaction ID: SA11AI.5988 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77040	25.00
	Name of Employer OMNICARE	Occupation RVP - M	n ANAGEMENT	BI-WEEKLY PAYROLL DEDUCT - \$25.00
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr.	\\		Date of Receipt
	Mailing Address 2110 RIVER BEND	WAY		07 24 2009
	City	State	Zip Code	Transaction ID: SA11Al.6006
	KINGWOOD	TX	77345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 BI-WEEKLY PAYROLL DEDUCT -
	Name of Employer OMNICARE	Occupatio RVP - M	n ANAGEMENT	\$25.00
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 275.00	
	Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr.	l		Date of Receipt
	Mailing Address 2110 RIVER BEND	WAY		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City KINGWOOD	State TX	Zip Code 77345	Transaction ID: SA11AI.6056 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE	Occupation RVP - M	n ANAGEMENT	Bi-weekly Payroll Deduction - \$25.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Γ,	SUBTOTAL of Receipts This Page (optional)		75.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		ED RECEIPTS for each category of the Detailed Summary Page	
A oi	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	nmittee		
	Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr.			Date of Receipt
	Mailing Address 2110 RIVER BEND	WAY		08 21 2009
	City	State	Zip Code	Transaction ID: SA11AI.6075
	KINGWOOD	TX	77345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE	Occupatio	n ANAGEMENT	Bi-weekly Payroll Deduction - \$25.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	
	Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr.			Date of Receipt
	Mailing Address 2110 RIVER BEND	WAY		09 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.6114
	KINGWOOD	TX	77345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE	Occupatio RVP - M	n ANAGEMENT	Bi-weekly payroll deduction - \$25.00
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		350.00	
	Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr.			Date of Receipt
	Mailing Address 2110 RIVER BEND	WAY		09 18 2009
	City	State	Zip Code	Transaction ID: SA11AI.6132
	KINGWOOD	TX	77345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE	Occupation RVP - M	n ANAGEMENT	Bi-weekly payroll deduction - \$25.00
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)		375.00	
				75.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 97 (check only one) X
Any information copied from such Report or for commercial purposes, other than unlike the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action	is and Statements may not be sold or used by any personsing the name and address of any political committee to Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr. Mailing Address 2110 RIVER BE	ND WAY	Date of Receipt 1 0 0 2 2 0 0 9
City KINGWOOD FEC ID number of contributing	State Zip Code TX 77345	Transaction ID: SA11AI.6183 Amount of Each Receipt this Period
federal political committee. Name of Employer OMNICARE Receipt For:	Occupation RVP - MANAGEMENT Aggregate Year-to-Date	Bi-weekly contribution - \$25.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	
Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr. Mailing Address 2110 RIVER BE	ND WAY	Date of Receipt 10 16 2009
City KINGWOOD	State Zip Code TX 77345	Transaction ID: SA11AI.6203
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer OMNICARE	Occupation RVP - MANAGEMENT	Bi-weekly contribution - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr.		Date of Receipt
Mailing Address 2110 RIVER BE	ND WAY	10 30 7 2009
City	State Zip Code	Transaction ID: SA11AI.6223
KINGWOOD FEC ID number of contributing federal political committee.	TX 77345	Amount of Each Receipt this Period 25.00
Name of Employer OMNICARE	Occupation RVP - MANAGEMENT	Bi-weekly contribution - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (opt	ional)	75.00
TOTAL This Period (last page this line	number only)	

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for co	mation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) niCare, Inc. Politcal Action Comm	name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. THOM	lame (Last, First, Middle Initial) MAS A SCHLEIGH, Jr. ng Address 2110 RIVER BEND W	AY		Date of Receipt 1 1 1 3 2 0 0 9
City KINO	GWOOD	State TX	Zip Code 77345	Transaction ID: SA11AI.6311 Amount of Each Receipt this Period
federa	ID number of contributing al political committee.	C		25.00 Bi-weekly Payroll Deducti-
	e of Employer ICARE ipt For: Primary General Other (specify)		n ANAGEMENT e Year-to-Date ▼ 475.00	on - \$25.00 "
THOM	lame (Last, First, Middle Initial) MAS A SCHLEIGH, Jr. ng Address 2110 RIVER BEND W	AY		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.6312
FEC federa	GWOOD ID number of contributing all political committee.	C	77345	Amount of Each Receipt this Period 25.00 Bi-weekly Payroll Deducti-
	e of Employer ICARE ipt For: Primary General		n ANAGEMENT • Year-to-Date ▼ 500.00	on - \$25.00
THOM	Other (specify) ▼ Jame (Last, First, Middle Initial) MAS A SCHLEIGH, Jr. ag Address 2110 RIVER BEND W	AY		Date of Receipt 1 2 1 1 2 2 0 0 9
City		State	Zip Code	Transaction ID: SA11Al.6313
FEC	GWOOD ID number of contributing all political committee.	C	77345	Amount of Each Receipt this Period 25.00
Name OMN	e of Employer ICARE	Occupatio RVP - M	n ANAGEMENT	Bi-weekly Payroll Deduction - \$25.00
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 525.00	
SUBTO	TAL of Receipts This Page (optional)	1		75.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 97 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action C	ng the name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr. Mailing Address 2110 RIVER BEN	ID WAY		Date of Receipt
City KINGWOOD	State TX	Zip Code 77345	Transaction ID: SA11AI.6314 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	C	1	Bi-weekly Payroll Deduction - \$25.00
Name of Employer OMNICARE Receipt For: Primary General Other (specify) ▼	RVP - M	ANAGEMENT Year-to-Date 550.00	JUI - Φ25.00
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDO	GE LANE		Date of Receipt 0 7
City	State	Zip Code	Transaction ID: SA11Al.6004
INDIANAPOLIS FEC ID number of contributing federal political committee.	C	46237	Amount of Each Receipt this Period 20.00
Name of Employer OMNICARE INC	Occupation PHARMA	CIST	BI-WEEKLY PAYROLL DEDUCT - \$20.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDG			Date of Receipt
	JE LAINE		08 07 7 2009
City INDIANAPOLIS	State IN	Zip Code 46237	Transaction ID: SA11AI.6053 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	.525	20.00
Name of Employer OMNICARE INC	Occupation PHARMA	CIST	Bi-weekly Payroll Deduction - \$20.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (option	anal)		65.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee		
	Full Name (Last, First, Middle Initial) ROBIN TAYLOR			Date of Receipt
	Mailing Address 4520 MOSS RIDGE	LANE		08 21 2009
	City	State	Zip Code	Transaction ID: SA11Al.6073
	INDIANAPOLIS	IN	46237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer OMNICARE INC	Occupation PHARM/		Bi-weekly Payroll Deducti- on - \$20.00
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼	0 0	260.00	
_	Full Name (Last, First, Middle Initial) ROBIN TAYLOR			Date of Receipt
	Mailing Address 4520 MOSS RIDGE	LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6113
	INDIANAPOLIS	IN	46237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly payroll deducti- on - \$20.00
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	280.00	
	Full Name (Last, First, Middle Initial) ROBIN TAYLOR			Date of Receipt
	Mailing Address 4520 MOSS RIDGE	LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6130
	INDIANAPOLIS	IN	46237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer OMNICARE INC	Occupation PHARM/		Bi-weekly payroll deducti- on - \$20.00
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	300.00	
				60.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ry of the
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	e name and address of any politica	d by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE L City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General	State Zip Code IN 46237 C Occupation PHARMACIST Aggregate Year-to-Date	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE L City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For:	ANE State Zip Code IN 46237 C Occupation PHARMACIST Aggregate Year-to-Date	Date of Receipt M M M
Primary General Other (specify) Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE L City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC	ANE State Zip Code IN 46237 C Occupation	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	PHARMACIST Aggregate Year-to-Date	360.00

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 97 (check only one) X 11a
7	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	ımittee		
۸.	Full Name (Last, First, Middle Initial) ROBIN TAYLOR			Date of Receipt
	Mailing Address 4520 MOSS RIDGE	LANE		11 13 2009
	City	State	Zip Code	Transaction ID: SA11AI.6303
	INDIANAPOLIS	IN	46237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly Payroll Deduction - \$20.00
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		380.00	
	Full Name (Last, First, Middle Initial) ROBIN TAYLOR			Date of Receipt
	Mailing Address 4520 MOSS RIDGE	LANE		11 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.6304
	INDIANAPOLIS	IN	46237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly Payroll Deduction - \$20.00
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
. –	Full Name (Last, First, Middle Initial) ROBIN TAYLOR			Date of Receipt
	Mailing Address 4520 MOSS RIDGE	LANE		12 11 2009
	City INDIANAPOLIS	State IN	Zip Code 46237	Transaction ID: SA11AI.6305 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40237	20.00
	Name of Employer OMNICARE INC	Occupation PHARM/		Bi-weekly Payroll Deduction - \$20.00
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 420.00	
Γ		ı		60.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 97 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co.	and Statements may not be sold or used by any per g the name and address of any political committee ommittee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDG City	GE LANE State Zip Code	Date of Receipt 1 2 2 4 2 0 0 9 Transaction ID: SA11Al.6306
INDIANAPOLIS FEC ID number of contributing federal political committee.	IN 46237	Amount of Each Receipt this Period 20.00
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation PHARMACIST Aggregate Year-to-Date 440.00	Bi-weekly Payroll Deduction - \$20.00
Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAK	KS LN W	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City OSCEOLA	State Zip Code IN 46561	Transaction ID: SA11AI.5987 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 BI-WEEKLY PAYROLL DEDUCT -
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼	Occupation PHARMACIST Aggregate Year-to-Date 250.00	\$25.00
Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAK	KS LN W	Date of Receipt 0 7 2 4 2 0 0 9
City OSCEOLA	State Zip Code IN 46561	Transaction ID: SA11AI.6005 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 40301	25.00
Name of Employer OMNICARE, INC	Occupation PHARMACIST	BI-WEEKLY PAYROLL DEDUCT - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (option		70.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	imittee		
	Full Name (Last, First, Middle Initial) THOMAS TUCKER			Date of Receipt
	Mailing Address 11201 RIVER OAKS	S LN W		08 07 2009
	City	State	Zip Code	Transaction ID: SA11Al.6055
	OSCEOLA	IN	46561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-weekly Payroll Deduction - \$25.00
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		300.00	
	Full Name (Last, First, Middle Initial) THOMAS TUCKER			Date of Receipt
	Mailing Address 11201 RIVER OAKS	LN W		08 21 YYYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.6074
	OSCEOLA	<u>IN</u>	46561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			25.00
	Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-weekly Payroll Deduction - \$25.00
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		325.00	
	Full Name (Last, First, Middle Initial) THOMAS TUCKER			Date of Receipt
	Mailing Address 11201 RIVER OAKS	S LN W		09 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.6115
	OSCEOLA	IN	46561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE, INC	Occupation PHARM/		Bi-weekly payroll deducti- on - \$25.00
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
				75.00

	SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 97 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	OmniCare, Inc. Politcal Action Con	ımıttee		
۹.	Full Name (Last, First, Middle Initial) THOMAS TUCKER			Date of Receipt
	Mailing Address 11201 RIVER OAKS	S LN W		09 / 18 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.6133
	OSCEOLA FEC ID number of contributing federal political committee.	C	46561	Amount of Each Receipt this Period 25.00
	Name of Employer OMNICARE, INC	Occupatio		Bi-weekly payroll deducti- on - \$25.00
	Receipt For: Primary General Other (specify)	PHARMA Aggregate	e Year-to-Date ▼ 375.00	
_ 3.	Full Name (Last, First, Middle Initial) THOMAS TUCKER			Date of Receipt
	Mailing Address 11201 RIVER OAKS	S LN W		10 02 7 2009
	City	State	Zip Code	Transaction ID: SA11Al.6182
	OSCEOLA FEC ID number of contributing federal political committee.	C	46561	Amount of Each Receipt this Period 25.00
	Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-weekly contribution - \$25.00
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 400.00	
_	Full Name (Last, First, Middle Initial) THOMAS TUCKER			Date of Receipt
	Mailing Address 11201 RIVER OAKS	S LN W		10 16 2009
	City OSCEOLA	State IN	Zip Code 46561	Transaction ID: SA11AI.6204 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer OMNICARE, INC	Occupatio PHARMA		Bi-weekly contribution - \$25.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 425.00	
	SUBTOTAL of Receipts This Page (optional	<u> </u>		75.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 97 (check only one) X
	NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	he name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS	LN W		Date of Receipt 10 30 2009
	City	State	Zip Code	Transaction ID: SA11Al.6222
	OSCEOLA FEC ID number of contributing federal political committee.	C	46561	Amount of Each Receipt this Period 25.00
	Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼	Occupation PHARM/ Aggregate		Bi-weekly contribution - \$25.00
_ 3.	Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS	LN W		Date of Receipt 1 1 1 3 2 0 0 9
	City	Transaction ID: SA11AI.6307		
	OSCEOLA	IN	Zip Code 46561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE, INC	Occupation PHARMA	ACIST	Bi-weekly Payroll Deduction - \$25.00
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 475.00	
- :.	Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS	LN W		Date of Receipt 1 1 2 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6308
	OSCEOLA	IN	46561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE, INC	Occupation PHARMA	ACIST	Bi-weekly Payroll Deduction - \$25.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			75.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 97 (check only one) X
\ \	Any information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	OmniCare, Inc. Politcal Action Com	ımıttee		
	Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS	1.51.54		Date of Receipt
	Mailing Address 11201 RIVER OAKS	LIN VV		12 11 2009
	City	State	Zip Code	Transaction ID: SA11Al.6309
	OSCEOLA CONTRACTOR	IN	46561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-weekly Payroll Deduction - \$25.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 525.00	
_	Full Name (Last, First, Middle Initial) THOMAS TUCKER			Date of Receipt
	Mailing Address 11201 RIVER OAKS	LN W		12 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.6310
	OSCEOLA	IN	46561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-weekly Payroll Deduction - \$25.00
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	550.00	
_	Full Name (Last, First, Middle Initial) Tim Waters			Date of Receipt
	Mailing Address 47 Terra Ave.			07 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.5981
	Alexandria	LA	71303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Omnicare, Inc.	Occupation Pharmac		BI-WEEKLY PAYROLL DEDUCT - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
	SUBTOTAL of Receipts This Page (optional)			65.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84/97 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Cor		,,,	
Full Name (Last, First, Middle Initial) Tim Waters			Date of Receipt
Mailing Address 47 Terra Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5999
Alexandria FEC ID number of contributing federal political committee.	C	71303	Amount of Each Receipt this Period 15.00
Name of Employer Omnicare, Inc.	Occupation		BI-WEEKLY PAYROLL DEDUCT - \$15.00
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Tim Waters			Date of Receipt
Mailing Address 47 Terra Ave.			0 8 0 7 2 0 0 9
City Alexandria	State LA	Zip Code 71303	Transaction ID: SA11AI.6051 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	71000	15.00
Name of Employer Omnicare, Inc.	Occupation Pharmac		Bi-weekly Payroll Deduction - \$15.00
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Tim Waters			Date of Receipt
Mailing Address 47 Terra Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Alexandria	State LA	Zip Code	Transaction ID: SA11AI.6071
FEC ID number of contributing federal political committee.	C	71303	Amount of Each Receipt this Period 15.00
Name of Employer Omnicare, Inc.	Occupation Pharmac		Bi-weekly Payroll Deduction - \$15.00
Receipt For: Primary General Other (specify) ▼	- 1 '	e Year-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (optiona			45.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Com	ne name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
OmniCare, Inc. Political Action Com Full Name (Last, First, Middle Initial) Tim Waters Mailing Address 47 Terra Ave. City Alexandria FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code LA 71303 C Occupation Pharmacist Aggregate Year-to-Date 270.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tim Waters Mailing Address 47 Terra Ave. City Alexandria FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code LA 71303 C Occupation Pharmacist Aggregate Year-to-Date 285.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Tim Waters Mailing Address 47 Terra Ave. City Alexandria FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code LA 71303 C Occupation Pharmacist 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
SUBTOTAL of Receipts This Page (optional)		45.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and	Statements may not	Use separate schedule(s) or each category of the Detailed Summary Page be sold or used by any persi	FOR LINE NUMBER: PAGE 86 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	ne name and address	s of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Tim Waters Mailing Address 47 Terra Ave. City	State	Zip Code	Date of Receipt 10 16 2009 Transaction ID: SA11Al.6197
	Alexandria FEC ID number of contributing federal political committee.	C	71303	Amount of Each Receipt this Period
	Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmacist Aggregate Yea	ar-to-Date ▼ 315.00	Bi-weekly contribution - \$15.00
В.	Full Name (Last, First, Middle Initial) Tim Waters Mailing Address 47 Terra Ave.			Date of Receipt
	City Alexandria FEC ID number of contributing federal political committee.	State LA	Zip Code 71303	Transaction ID: SA11AI.6218 Amount of Each Receipt this Period 15.00
	Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmacist Aggregate Yea	ar-to-Date ▼ 330.00	Bi-weekly contribution - \$15.00
_).	Full Name (Last, First, Middle Initial) Tim Waters Mailing Address 47 Terra Ave.			Date of Receipt 1 1 1 3 2 0 0 9
	City Alexandria FEC ID number of contributing	State LA	Zip Code 71303	Transaction ID: SA11AI.6283 Amount of Each Receipt this Period
	federal political committee. Name of Employer Omnicare, Inc.	Occupation Pharmacist		Bi-weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 345.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		45.00

Ι٦	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS ny information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 97 (check only one) X
0	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Com-	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Tim Waters Mailing Address 47 Terra Ave.			Date of Receipt
	City Alexandria	State LA	Zip Code 71303	Transaction ID: SA11AI.6284 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmac Aggregate		Bi-weekly Payroll Deduction - \$15.00
3.	Full Name (Last, First, Middle Initial) Tim Waters Mailing Address 47 Terra Ave.			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.6285
	Alexandria FEC ID number of contributing federal political committee.	C	71303	Amount of Each Receipt this Period
	Name of Employer Omnicare, Inc. Receipt For:	Occupation Pharmac	eist	Bi-weekly Payroll Deduction - \$15.00
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
-).	Full Name (Last, First, Middle Initial) Tim Waters Mailing Address 47 Terra Ave.			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.6286
	Alexandria FEC ID number of contributing federal political committee.	C	71303	Amount of Each Receipt this Period
	Name of Employer Omnicare, Inc.	Occupation Pharmac		Bi-weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	
Ţ	SUBTOTAL of Receipts This Page (optional)			45.00

ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88/97 (check only one)
Any information copied from such Reports or for commercial purposes, other than us	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action (<u> </u>	· · ·	
Full Name (Last, First, Middle Initial) MICHAEL WOOD			Date of Receipt
Mailing Address 3458 MIDAS RID	GE LANE		09 04 2009
City RIVERTON	State UT	Zip Code 84065	Transaction ID: SA11AI.6107 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly payroll deduction - \$10.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 205.00	
Full Name (Last, First, Middle Initial) MICHAEL WOOD	I		Date of Receipt
Mailing Address 3458 MIDAS RID	GE LANE		09 18 2009
City RIVERTON	State UT	Zip Code 84065	Transaction ID: SA11AI.6123 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	U-1000	10.00
Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly payroll deducti- on - \$10.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 215.00	
Full Name (Last, First, Middle Initial) MICHAEL WOOD			Date of Receipt
Mailing Address 3458 MIDAS RID	GE LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City RIVERTON	State UT	Zip Code 84065	Transaction ID: SA11AI.6173 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly contribution - \$10.00
Receipt For: Primary General Other (specify) ▼	· · · · · · · · · · · · · · · · ·	Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (option	onal)		30.00

	LE A (FEC Form 3) D RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89/97 (check only one) X
Any informatio or for commerce	n copied from such Reports a	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF	COMMITTEE (In Full) e, Inc. Politcal Action Co	<u> </u>	,,,	
Full Name ((Last, First, Middle Initial)			Date of Receipt
	dress 3458 MIDAS RIDG	E LANE		10 16 2009
City RIVERTO	ON .	State UT	Zip Code 84065	Transaction ID: SA11AI.6194 Amount of Each Receipt this Period
FEC ID nur	mber of contributing tical committee.	C	0.000	10.00
Name of Er OMNICAR	mployer E INC	Occupation PHARMA		Bi-weekly contribution - \$10.00
Receipt For Prima			Year-to-Date ▼ 235.00	
Full Name	(Last, First, Middle Initial)			Date of Receipt
Mailing Add		E LANE		10 30 2009
City RIVERTO)N	State UT	Zip Code 84065	Transaction ID: SA11Al.6212 Amount of Each Receipt this Period
FEC ID nur	mber of contributing tical committee.	C	0+000	10.00
Name of Er OMNICAR	mployer E INC	Occupation PHARMA		Bi-weekly contribution - \$10.00
Receipt For Prima		Aggregate	Year-to-Date ▼ 245.00]
Full Name ((Last, First, Middle Initial)			Date of Receipt
Mailing Add		E LANE		11 13 2009
City RIVERTO	ON.	State UT	Zip Code 84065	Transaction ID: SA11Al.6267 Amount of Each Receipt this Period
FEC ID nur	mber of contributing tical committee.	C		10.00
Name of Er OMNICAR	mployer E INC	Occupation PHARMA		Bi-weekly Payroll Deduction - \$10.00
Receipt For Prima			Year-to-Date ▼ 255.00	
SURTOTAL	of Receipts This Page (options	al)		30.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 97 (check only one) X
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) MICHAEL WOOD Mailing Address 3458 MIDAS RIDGE	LANE		Date of Receipt 1 1 2 7 2 0 0 9
	City RIVERTON	State UT	Zip Code 84065	Transaction ID: SA11AI.6268 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation PHARM/ Aggregate		Bi-weekly Payroll Deduction - \$10.00
В.	Full Name (Last, First, Middle Initial) MICHAEL WOOD Mailing Address 3458 MIDAS RIDGE	LANE		Date of Receipt 1 2 1 1 2 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6269
	RIVERTON FEC ID number of contributing federal political committee.	C	84065	Amount of Each Receipt this Period 10.00
	Name of Employer OMNICARE INC Receipt For: Primary General	Occupation PHARM/ Aggregate		Bi-weekly Payroll Deduction - \$10.00
_ C.	Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL WOOD Mailing Address 3458 MIDAS RIDGE	LANE		Date of Receipt
	City	State	Zip Code	1 2 2 4 2 0 0 9 Transaction ID: SA11AI.6270
	RIVERTON	UT	84065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer OMNICARE INC	Occupation PHARM/		Bi-weekly Payroll Deduction - \$10.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		30.00

	CHEDULE A (FEC Form 3X FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 97 (check only one) X 11a
A	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	ımittee		
٧.	Full Name (Last, First, Middle Initial) MICHAEL ZANDRI			Date of Receipt
	Mailing Address 8215 ROYAL SCAR	LET DRIVE		08 07 2009
	City	State	Zip Code	Transaction ID: SA11AI.6049
	BALDWINSVILLE	NY	13027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer OMNICARE INC	Occupation PHARM/	n ACIST/AREA MANAGER	Bi-weekly Payroll Deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
_	Full Name (Last, First, Middle Initial) MICHAEL ZANDRI			Date of Receipt
	Mailing Address 8215 ROYAL SCAR	08 21 2009		
	City	State	Zip Code	Transaction ID: SA11AI.6069
	BALDWINSVILLE	NY	13027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer OMNICARE INC	Occupation PHARMA	n ACIST/AREA MANAGER	Bi-weekly Payroll Deduction - \$15.00
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		225.00	
	Full Name (Last, First, Middle Initial) MICHAEL ZANDRI			Date of Receipt
	Mailing Address 8215 ROYAL SCAR	LET DRIVE		09 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.6109
	BALDWINSVILLE FEC ID number of contributing	NY	13027	Amount of Each Receipt this Period
	federal political committee.	C		15.00
	Name of Employer OMNICARE INC	Occupation PHARM/	n ACIST/AREA MANAGER	Bi-weekly payroll deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		45.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92/97 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) MICHAEL ZANDRI Mailing Address 8215 ROYAL SCARL City BALDWINSVILLE FEC ID number of contributing federal political committee.	LET DRIVE State NY	Zip Code 13027	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼		ACIST/AREA MANAGER Year-to-Date 255.00	Bi-weekly payroll deduction - \$15.00
Full Name (Last, First, Middle Initial) MICHAEL ZANDRI Mailing Address 8215 ROYAL SCARL	_ET DRIVE	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
City BALDWINSVILLE	NY	21p Code 13027	Transaction ID: SA11AI.6176 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General		n ACIST/AREA MANAGER e Year-to-Date ▼	Bi-weekly contribution - \$15.00
Other (specify) Full Name (Last, First, Middle Initial) MICHAEL ZANDRI Mailing Address 8215 ROYAL SCARL	LET DRIVE	270.00	Date of Receipt 10 16 2009
City	State	Zip Code	Transaction ID: SA11Al.6198
FEC ID number of contributing federal political committee.	C	13027	Amount of Each Receipt this Period 15.00
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	_ ' '	ACIST/AREA MANAGER Year-to-Date 285.00	Bi-weekly contribution - \$15.00
SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 97 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	nd Statements may not be sold or used by any person the name and address of any political committee to mmittee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL ZANDRI Mailing Address 8215 ROYAL SCA City BALDWINSVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For:	RLET DRIVE State Zip Code NY 13027 C Occupation PHARMACIST/AREA MANAGER Aggregate Year-to-Date ▼	Date of Receipt M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL ZANDRI Mailing Address 8215 ROYAL SCA City	300.00 RLET DRIVE State Zip Code	Date of Receipt 1 1 3 2 0 0 9 Transaction ID: SA11AI.6279
BALDWINSVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation PHARMACIST/AREA MANAGER Aggregate Year-to-Date 315.00	Amount of Each Receipt this Period 15.00 Bi-weekly Payroll Deduction - \$15.00
Full Name (Last, First, Middle Initial) MICHAEL ZANDRI Mailing Address 8215 ROYAL SCA City BALDWINSVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code NY 13027 C Occupation PHARMACIST/AREA MANAGER Aggregate Year-to-Date 330.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (options	al)	45.00

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PAGE 94/97 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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. Politcal Action Committee Full Name (Last, First, Middle Initial) MICHAEL ZANDRI Date of Receipt Mailing Address 8215 ROYAL SCARLET DRIVE 12 2009 11 City State Zip Code Transaction ID: SA11AI.6281 **BALDWINSVILLE** NY 13027 Amount of Each Receipt this Period FEC ID number of contributing 15.00 C federal political committee. Bi-weekly Payroll Deduction - \$15.00 Name of Employer OMNICARE INC Occupation PHARMACIST/AREA MANAGER Receipt For: Aggregate Year-to-Date Primary General 345.00 Other (specify) Full Name (Last, First, Middle Initial) MICHAEL ZANDRI Date of Receipt Mailing Address 8215 ROYAL SCARLET DRIVE 24 2009 City State Zip Code Transaction ID: SA11AI.6282 **BALDWINSVILLE** NY 13027 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Bi-weekly Payroll Deduction - \$15.00 Name of Employer OMNICARE INC Occupation PHARMACIST/AREA MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General

360.00

SUBTOTAL of Receipts This Page (optional)	•	30.00
TOTAL This Period (last page this line number only)	•	13174.64

Other (specify)

SCHEDULE B (FEC Form 3X)	Use separate schedule		IE NUMBER: PAGE 95 / 97
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Crieck of	nly one) 22 X 23 24 25 2 28a 28b 28c 29
Any Information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee)		
Full Name (Last, First, Middle Initial) AMERICA'S LEADERSHIP PAC			Transaction ID: SB23.6167 Date of Disbursement
Mailing Address 607 14th Street, NW, Su	ite 800		10 M / D3 D / Y 20 0 9 Y
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement PAC Contribution Candidate Name		Category/	3000.00
	ement For:	Type	_
Senate President State: District:	Primary General Other (specify) ▼	I	
Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMP	AIGN COMMITTEE		Transaction ID: SB23.6165 Date of Disbursement
Mailing Address 430 South Capitol Street 2nd Floor	, SE		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution		006	2500.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	I	
Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE			Transaction ID: SB23.5973 Date of Disbursement
Mailing Address P.O. BOX 4945			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City EAST LANSING	State Zip Code MI 48826		Amount of Each Disbursement this Period
Purpose of Disbursement Lunch Reception		007	1000.00
Candidate Name STABENOW FOR US SENATE		Category/ Type	
STABENOW FOR US SENATE Office Sought: House X Senate X President	ement For: 2012 Primary General Other (specify)	Туре	
STABENOW FOR US SENATE Office Sought: House X Senate X	Primary General Other (specify) ▼	Type	6500.00

S	CHEDULE B (FEC Form 3X)	Use separate schedule	s)			NUMBE	R:		P	AGE 9	6 / 97	
П	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		<u>`</u>	ck only 21b 27	22 28a	2 2	3 8b	24 28c		5 9	26 30k
	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam											
	NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee)										
۷.	Full Name (Last, First, Middle Initial) Mellon Financial					Date o	of Disb	ID: oursem		.6029		
	Mailing Address 500 Ross Street Room 1380					0 ^M 7	M /	15	2 /	y žo	0 9 °	
	Pittsburgh	State Zip Code PA 15262-000)1			Amou	nt of E	ach D	isburs	ement th		od
	Purpose of Disbursement Account Analysis Bank Fees Candidate Name			ategor	w/		•		•	500	J.45	
		ement For:		Type	y/							
	Senate President	Primary General Other (specify) ▼	ıl									
_	State: District: Full Name (Last, First, Middle Initial)					Trans	action	ın.	SB20	.6162		
3.	Mellon Financial					Date o		ursem	ent		Ϋ́Υ	
	Mailing Address 500 Ross Street Room 1380					0 9		15		20	ŏ 9 °	
	City Pittsburgh	State Zip Code PA 15262-000)1			Amou	nt of E	ach D	isburs	ement th		bc
	Purpose of Disbursement Financial Analysis Bank Fees - September 2009								•	35	5.62	
	Candidate Name			ategor Type	y/							
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	ıl									
). D.	Full Name (Last, First, Middle Initial) Mellon Financial						of Disk	ursem	ent			
	Mailing Address 500 Ross Street Room 1380					1 ^M 0	М /	15		žo	ŏ9 [°]	
	City Pittsburgh	State Zip Code PA 15262-000)1			Amou	nt of E	ach D	isburse	ement th		bc
	Purpose of Disbursement Account Analysis Bank Fees Candidate Name			ategor	ry/		•		•	46	3.42	
	Office Sought: House Disburse Senate President	ement For: Primary Genera Other (specify)	l II	Type								
Г	State: District:									• •		_
Ŀ	SUBTOTAL of Disbursements This Page (optional)				<u> </u>	L.				582	.49	
-	FOTAL This Period (last page this line number only)				•							

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 97/97	
ITEMIZED DISBURSEMENTS	for each category of the	(check only		
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
OmniCare, Inc. Politcal Action Committee				
Full Name (Last, First, Middle Initial)			Transaction ID: SB29.6250	
Mellon Financial			Date of Disbursement	
Mailing Address 500 Ross Street Room 1380			111	
City Pittsburgh	State Zip Code PA 15262-0001		Amount of Each Disbursement this Period	
Purpose of Disbursement Account Analysis Bank Fees			47.35	
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)			Transaction ID: SB29.6374	
Mellon Financial			Date of Disbursement	
Mailing Address 500 Ross Street Room 1380			12 M / 15 / Y 2009	
City Pittsburgh	State Zip Code PA 15262-0001		Amount of Each Disbursement this Period	
Purpose of Disbursement Account Analysis Bank Fees			47.80	
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			
otato. District.				

SUBTOTAL of Disbursements This Page (optional)		95.15
CODITION Age (Optional)		
TOTAL This Period (last page this line number only)	•	677.64