

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

OmniCare, Inc. Political Action Committee

ADDRESS (number and street)

1600 River Center II

100 East River Center Blvd

☐Check if different
than previously
reported. (ACC)

Covington

KY

41101

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00392886

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Tom Marsh

Signature of Treasurer

Electronically Filed by Tom Marsh

Date

01

08

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 97

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 9

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2009		29044.78
(b) Cash on Hand at Beginning 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
7. Total Disbursements (from Line 31)	7177.64	23313.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32353.40	32353.40
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 97

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	0	3	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. 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
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14975.65	26622.19
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14975.65	26622.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14975.65	26622.19

DETAILED SUMMARY PAGE

of Disbursements

4 / 97

FEC Form 3X (Rev. 02/2003)

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

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
33. Total Contributions (other than loans) from Line 11(d), page 3)	14975.65	26622.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14975.65	26622.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 97

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City State Zip Code
VILLA HILLS KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6093

Amount of Each Receipt this Period

41.67

Semi-Monthly Payroll Deduction - \$41.67

B.

Full Name (Last, First, Middle Initial)
BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City State Zip Code
VILLA HILLS KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6143

Amount of Each Receipt this Period

41.67

Semi-monthly payroll deduction - \$41.67

C.

Full Name (Last, First, Middle Initial)
BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City State Zip Code
VILLA HILLS KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6153

Amount of Each Receipt this Period

41.67

Semi-monthly payroll deduction - \$41.67

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line 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 7 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6232

Amount of Each Receipt this Period

41.67

Semi-monthly contribution
- \$41.67

B.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6243

Amount of Each Receipt this Period

41.67

Semi-monthly contribution
- \$41.67

C.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6332

Amount of Each Receipt this Period

41.67

Semi-monthly Payroll Deduction - \$41.67

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line 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 8 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.6344

Amount of Each Receipt this Period

41.67

Semi-monthly Payroll Deduction - \$41.67

B.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.6356

Amount of Each Receipt this Period

41.67

Semi-monthly Payroll Deduction - \$41.67

C.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.6368

Amount of Each Receipt this Period

41.67

Semi-monthly Payroll Deduction - \$41.67

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 97

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5984

Amount of Each Receipt this Period

15.00

BI-WEEKLY PAYROLL DEDUCT -
\$15.00

B.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6002

Amount of Each Receipt this Period

15.00

BI-WEEKLY PAYROLL DEDUCT -
\$15.00

C.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6052

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line 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 10 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6070

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

B.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6110

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

C.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6128

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line 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 11 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6177

Amount of Each Receipt this Period

15.00

Bi-weekly contribution -
\$15.00

B.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6199

Amount of Each Receipt this Period

15.00

Bi-weekly contribution -
\$15.00

C.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6216

Amount of Each Receipt this Period

15.00

Bi-weekly contribution -
\$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line 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 12 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6291

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

B.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6292

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

C.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6293

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line 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 13 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6294

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

B.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6016

Amount of Each Receipt this Period

42.00

SEMI-MONTHLY PAYROLL DEDU-
CT - \$42.00

C.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6025

Amount of Each Receipt this Period

42.00

SEMI-MONTHLY PAYROLL DEDU-
CT - \$42.00

SUBTOTAL of Receipts This Page (optional)

99.00

TOTAL This Period (last page this line 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 14 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	9

Transaction ID: SA11AI.6084

Amount of Each Receipt this Period

42.00

Semi-Monthly Payroll Deduction - \$42.00

B.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	9

Transaction ID: SA11AI.6094

Amount of Each Receipt this Period

42.00

Semi-Monthly Payroll Deduction - \$42.00

C.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: SA11AI.6144

Amount of Each Receipt this Period

42.00

Semi-monthly payroll deduction - \$42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line 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 15 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6154

Amount of Each Receipt this Period

42.00

Semi-monthly payroll deduc-
tion - \$42.00

B.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6233

Amount of Each Receipt this Period

42.00

Semi-monthly contribution
- \$42.00

C.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

798.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6244

Amount of Each Receipt this Period

42.00

Semi-monthly contribution
- \$42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line 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 16 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: SA11AI.6333

Amount of Each Receipt this Period

42.00

Semi-monthly Payroll Deduction - \$42.00

B.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: SA11AI.6345

Amount of Each Receipt this Period

42.00

Semi-monthly Payroll Deduction - \$42.00

C.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: SA11AI.6357

Amount of Each Receipt this Period

42.00

Semi-monthly Payroll Deduction - \$42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line 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 17 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.00

Date of Receipt

M M / D D / Y Y Y Y Y
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

B.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6248

Amount of Each Receipt this Period

200.00

Semi-monthly contribution - \$200.00

C.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6337

Amount of Each Receipt this Period

200.00

Semi-monthly Payroll Deduction - \$200.00

SUBTOTAL of Receipts This Page (optional)

442.00

TOTAL This Period (last page this line 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 18 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6349

Amount of Each Receipt this Period

200.00

Semi-monthly Payroll Deduction - \$200.00

B.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6362

Amount of Each Receipt this Period

200.00

Semi-monthly Payroll Deduction - \$200.00

C.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6373

Amount of Each Receipt this Period

200.00

Semi-monthly Payroll Deduction - \$200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line 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 19 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6019

Amount of Each Receipt this Period

85.00

SEMI-MONTHLY PAYROLL DEDU-
CT - \$85.00

B.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6028

Amount of Each Receipt this Period

85.00

SEMI-MONTHLY PAYROLL DEDU-
CT - \$85.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.6087

Amount of Each Receipt this Period

85.00

Semi-Monthly Payroll Deduction - \$85.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line 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 20 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6097

Amount of Each Receipt this Period

85.00

Semi-Monthly Payroll Deduction - \$85.00

B.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6147

Amount of Each Receipt this Period

85.00

Semi-monthly payroll deduction - \$85.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1445.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6157

Amount of Each Receipt this Period

85.00

Semi-monthly payroll deduction - \$85.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line 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 21 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6236

Amount of Each Receipt this Period

85.00

Semi-monthly contribution
- \$85.00

B.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6247

Amount of Each Receipt this Period

85.00

Semi-monthly contribution
- \$85.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6336

Amount of Each Receipt this Period

85.00

Semi-monthly Payroll Deduction - \$85.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line 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 22 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1785.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6348

Amount of Each Receipt this Period

85.00

Semi-monthly Payroll Deduction - \$85.00

B.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1870.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6361

Amount of Each Receipt this Period

85.00

Semi-monthly Payroll Deduction - \$85.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6372

Amount of Each Receipt this Period

85.00

Semi-monthly Payroll Deduction - \$85.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line 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 23 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JON BORMAN

Mailing Address 4704 ELIZABETH PL

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP OF STRATEGIC SOURCING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.6032

Amount of Each Receipt this Period

250.00

On-Time Contribution - \$2-
50.00

B.

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.6079

Amount of Each Receipt this Period

20.00

Semi-Monthly Payroll Deduction - \$20.00

C.

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6089

Amount of Each Receipt this Period

20.00

Semi-Monthly Payroll Deduction - \$20.00

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line 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 24 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6139

Amount of Each Receipt this Period

20.00

Semi-monthly payroll dedu-
ction - \$20.00

B.

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6149

Amount of Each Receipt this Period

20.00

Semi-monthly payroll dedu-
ction - \$20.00

C.

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6228

Amount of Each Receipt this Period

20.00

Semi-monthly contribution
- \$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line 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 25 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6239

Amount of Each Receipt this Period

20.00

Semi-monthly contribution
- \$20.00

B.

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6328

Amount of Each Receipt this Period

20.00

Semi-monthly Payroll Deduction - \$20.00

C.

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6340

Amount of Each Receipt this Period

20.00

Semi-monthly Payroll Deduction - \$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line 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 26 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6352

Amount of Each Receipt this Period

20.00

Semi-monthly Payroll Deduction - \$20.00

B.

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6364

Amount of Each Receipt this Period

20.00

Semi-monthly Payroll Deduction - \$20.00

C.

Full Name (Last, First, Middle Initial)

Stephen S Brown

Mailing Address 4430 Norwood Ln. N.

City

Plymouth

State

MN

Zip Code

55442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6160

Amount of Each Receipt this Period

500.00

One-time Contribution - \$500.00

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line 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 27 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5985

Amount of Each Receipt this Period

20.00

BI-WEEKLY PAYROLL DEDUCT -
\$20.00

B.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6003

Amount of Each Receipt this Period

20.00

BI-WEEKLY PAYROLL DEDUCT -
\$20.00

C.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6054

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line 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 28 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6072

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

B.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6112

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

C.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6131

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line 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 29 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6180

Amount of Each Receipt this Period

20.00

Bi-weekly contribution -
\$20.00

B.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6200

Amount of Each Receipt this Period

20.00

Bi-weekly contribution -
\$20.00

C.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6221

Amount of Each Receipt this Period

20.00

Bi-weekly contribution -
\$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line 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 30 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6295

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

B.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6296

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

C.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6297

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line 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 31 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6298

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

B.

Full Name (Last, First, Middle Initial)

Dale B Evans

Mailing Address 16 Amity Pointe

City

Clifton Park

State

NY

Zip Code

12065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Clinical Research

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5990

Amount of Each Receipt this Period

30.00

BI-WEEKLY PAYROLL DEDUCT -
\$30.00

C.

Full Name (Last, First, Middle Initial)

Dale B Evans

Mailing Address 16 Amity Pointe

City

Clifton Park

State

NY

Zip Code

12065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Clinical Research

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6008

Amount of Each Receipt this Period

30.00

BI-WEEKLY PAYROLL DEDUCT -
\$30.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line 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 32 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dale B Evans

Mailing Address 16 Amity Pointe

City

Clifton Park

State

NY

Zip Code

12065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Clinical Research

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6058

Amount of Each Receipt this Period

30.00

Bi-weekly Payroll Deducti-
on - \$30.00

B.

Full Name (Last, First, Middle Initial)

Dale B Evans

Mailing Address 16 Amity Pointe

City

Clifton Park

State

NY

Zip Code

12065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Clinical Research

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6076

Amount of Each Receipt this Period

30.00

Bi-weekly Payroll Deducti-
on - \$30.00

C.

Full Name (Last, First, Middle Initial)

Dale B Evans

Mailing Address 16 Amity Pointe

City

Clifton Park

State

NY

Zip Code

12065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Clinical Research

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6117

Amount of Each Receipt this Period

30.00

Bi-weekly payroll deducti-
on - \$30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line 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 33 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dale B Evans

Mailing Address 16 Amity Pointe

City

Clifton Park

State

NY

Zip Code

12065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Clinical Research

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6135

Amount of Each Receipt this Period

30.00

Bi-weekly payroll deducti-
on - \$30.00

B.

Full Name (Last, First, Middle Initial)

Dale B Evans

Mailing Address 16 Amity Pointe

City

Clifton Park

State

NY

Zip Code

12065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Clinical Research

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6185

Amount of Each Receipt this Period

30.00

Bi-weekly contribution -
\$30.00

C.

Full Name (Last, First, Middle Initial)

DAVID W FROESEL, Jr.

Mailing Address 9060 WISPERINGHILL DRIVE

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

724.49

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6017

Amount of Each Receipt this Period

55.73

SEMI-MONTHLY PAYROLL DEDU-
CT - \$55.73

SUBTOTAL of Receipts This Page (optional)

115.73

TOTAL This Period (last page this line 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 34 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DAVID W FROESEL, Jr.

Mailing Address 9060 WISPERINGHILL DRIVE

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.6026

Amount of Each Receipt this Period

55.73

SEMI-MONTHLY PAYROLL DEDU-
CT - \$55.73**B.**

Full Name (Last, First, Middle Initial)

DAVID W FROESEL, Jr.

Mailing Address 9060 WISPERINGHILL DRIVE

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.6085

Amount of Each Receipt this Period

55.73

Semi-Monthly Payroll Dedu-
ction - \$55.73**C.**

Full Name (Last, First, Middle Initial)

DAVID W FROESEL, Jr.

Mailing Address 9060 WISPERINGHILL DRIVE

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.6095

Amount of Each Receipt this Period

55.73

Semi-Monthly Payroll Dedu-
ction - \$55.73

SUBTOTAL of Receipts This Page (optional)

167.19

TOTAL This Period (last page this line 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 35 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DAVID W FROESEL, Jr.

Mailing Address 9060 WISPERINGHILL DRIVE

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

947.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.6145

Amount of Each Receipt this Period

55.73

Semi-monthly payroll dedu-
ction - \$55.73**B.**

Full Name (Last, First, Middle Initial)

DAVID W FROESEL, Jr.

Mailing Address 9060 WISPERINGHILL DRIVE

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1003.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.6155

Amount of Each Receipt this Period

55.73

Semi-monthly payroll dedu-
ction - \$55.73**C.**

Full Name (Last, First, Middle Initial)

DAVID W FROESEL, Jr.

Mailing Address 9060 WISPERINGHILL DRIVE

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1058.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.6234

Amount of Each Receipt this Period

55.73

Semi-monthly contribution
- \$55.73

SUBTOTAL of Receipts This Page (optional)

167.19

TOTAL This Period (last page this line 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)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DAVID W FROESEL, Jr.

Mailing Address 9060 WISPERINGHILL DRIVE

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1114.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6245

Amount of Each Receipt this Period

55.73

Semi-monthly contribution
- \$55.73

B.

Full Name (Last, First, Middle Initial)

DAVID W FROESEL, Jr.

Mailing Address 9060 WISPERINGHILL DRIVE

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.33

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6334

Amount of Each Receipt this Period

55.73

Semi-monthly Payroll Deduction - \$55.73

C.

Full Name (Last, First, Middle Initial)

DAVID W FROESEL, Jr.

Mailing Address 9060 WISPERINGHILL DRIVE

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1226.06

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6346

Amount of Each Receipt this Period

55.73

Semi-monthly Payroll Deduction - \$55.73

SUBTOTAL of Receipts This Page (optional)

167.19

TOTAL This Period (last page this line 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 37 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DAVID W FROESEL, Jr.

Mailing Address 9060 WISPERINGHILL DRIVE

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.6359

Amount of Each Receipt this Period

55.73

Semi-monthly Payroll Deduction - \$55.73

B.

Full Name (Last, First, Middle Initial)

DAVID W FROESEL, Jr.

Mailing Address 9060 WISPERINGHILL DRIVE

City

CINCINNATI

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1337.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.6370

Amount of Each Receipt this Period

55.73

Semi-monthly Payroll Deduction - \$55.73

C.

Full Name (Last, First, Middle Initial)

NICK GENERALOVICH

Mailing Address 1200 PORT LANE

City

SARASOTA

State

FL

Zip Code

34242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.6319

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deduction - \$50.00

SUBTOTAL of Receipts This Page (optional)

161.46

TOTAL This Period (last page this line 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 38 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

NICK GENERALOVICH

Mailing Address 1200 PORT LANE

City

SARASOTA

State

FL

Zip Code

34242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: SA11AI.6320

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00**B.**

Full Name (Last, First, Middle Initial)

NICK GENERALOVICH

Mailing Address 1200 PORT LANE

City

SARASOTA

State

FL

Zip Code

34242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	9	

Transaction ID: SA11AI.6321

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00**C.**

Full Name (Last, First, Middle Initial)

NICK GENERALOVICH

Mailing Address 1200 PORT LANE

City

SARASOTA

State

FL

Zip Code

34242

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	9	

Transaction ID: SA11AI.6322

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line 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 39 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5992

Amount of Each Receipt this Period

50.00

BI-WEEKLY PAYROLL DEDUCT -
\$50.00

B.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 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

C.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6060

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line 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 40 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6078

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00

B.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6119

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-
on - \$50.00

C.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6137

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-
on - \$50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line 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 41 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6188

Amount of Each Receipt this Period

50.00

Bi-weekly contribution -
\$50.00

B.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6206

Amount of Each Receipt this Period

50.00

Bi-weekly contribution -
\$50.00

C.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6226

Amount of Each Receipt this Period

50.00

Bi-weekly contribution -
\$50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line 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 42 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6323

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00

B.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6324

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00

C.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6325

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line 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 43 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6326

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City

FLORENCE

State

KY

Zip Code

41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6018

Amount of Each Receipt this Period

60.00

SEMI-MONTHLY PAYROLL DEDU-
CT - \$60.00

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City

FLORENCE

State

KY

Zip Code

41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6027

Amount of Each Receipt this Period

60.00

SEMI-MONTHLY PAYROLL DEDU-
CT - \$60.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line 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 44 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.Full Name (Last, First, Middle Initial)
CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City	State	Zip Code
FLORENCE	KY	41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.6086

Amount of Each Receipt this Period

60.00

Semi-Monthly Payroll Deduction - \$60.00

B.Full Name (Last, First, Middle Initial)
CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City	State	Zip Code
FLORENCE	KY	41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.6096

Amount of Each Receipt this Period

60.00

Semi-Monthly Payroll Deduction - \$60.00

C.Full Name (Last, First, Middle Initial)
CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City	State	Zip Code
FLORENCE	KY	41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

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 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)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City State Zip Code
FLORENCE KY 41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6156

Amount of Each Receipt this Period

60.00

Semi-monthly payroll deduc-
tion - \$60.00

B.

Full Name (Last, First, Middle Initial)
CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City State Zip Code
FLORENCE KY 41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6235

Amount of Each Receipt this Period

60.00

Semi-monthly contribution
- \$60.00

C.

Full Name (Last, First, Middle Initial)
CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City State Zip Code
FLORENCE KY 41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6246

Amount of Each Receipt this Period

60.00

Semi-monthly contribution
- \$60.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line 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 46 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City State Zip Code
FLORENCE KY 41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6335

Amount of Each Receipt this Period

60.00

Semi-monthly Payroll Deduction - \$60.00

B.

Full Name (Last, First, Middle Initial)
CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City State Zip Code
FLORENCE KY 41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1180.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6347

Amount of Each Receipt this Period

60.00

Semi-monthly Payroll Deduction - \$60.00

C.

Full Name (Last, First, Middle Initial)
CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City State Zip Code
FLORENCE KY 41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6360

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 only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 47 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City

FLORENCE

State

KY

Zip Code

41042

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6371

Amount of Each Receipt this Period

60.00

Semi-monthly Payroll Deduction - \$60.00

B.

Full Name (Last, First, Middle Initial)

PATRICE L JOHNSON

Mailing Address 19423 HICKORY PL

City

COUNTRY CLUB HILLS

State

IL

Zip Code

60478

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6278

Amount of Each Receipt this Period

10.00

Bi-weekly Payroll Deduction - \$10.00

C.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City

Cincinnati

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2260.71

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.6088

Amount of Each Receipt this Period

410.71

Semi-Monthly Payroll Deduction - \$410.71

SUBTOTAL of Receipts This Page (optional)

480.71

TOTAL This Period (last page this line 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 48 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City State Zip Code
Cincinnati OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2671.42

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6098

Amount of Each Receipt this Period

410.71

Semi-Monthly Payroll Deduction - \$410.71

B.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City State Zip Code
Cincinnati OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3082.13

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6148

Amount of Each Receipt this Period

410.71

Semi-monthly payroll deduction - \$410.71

C.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City State Zip Code
Cincinnati OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3492.84

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6158

Amount of Each Receipt this Period

410.71

Semi-monthly payroll deduction - \$410.71

SUBTOTAL of Receipts This Page (optional)

1232.13

TOTAL This Period (last page this line 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 49 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City State Zip Code
 Cincinnati OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3903.55

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6237

Amount of Each Receipt this Period

410.71

Semi-monthly contribution
- \$410.71

B.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City State Zip Code
 Cincinnati OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4314.26

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6249

Amount of Each Receipt this Period

410.71

Semi-monthly contribution
- \$410.71

C.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City State Zip Code
 Cincinnati OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4724.97

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6338

Amount of Each Receipt this Period

410.71

Semi-monthly Payroll Deduction - \$410.71

SUBTOTAL of Receipts This Page (optional)

1232.13

TOTAL This Period (last page this line 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 50 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City

Cincinnati

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4949.97

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6350

Amount of Each Receipt this Period

225.00

Semi-monthly Payroll Deduction - \$225.00

B.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City

Cincinnati

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6358

Amount of Each Receipt this Period

50.03

Semi-monthly Payroll Deduction - \$50.03

C.

Full Name (Last, First, Middle Initial)

Creeda Kesling

Mailing Address 579 Brookfield Farm Road

City

Ashland

State

KY

Zip Code

41102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare - Home Care Ashl-
and

Occupation
General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5989

Amount of Each Receipt this Period

28.21

BI-WEEKLY PAYROLL DEDUCT - \$28.21

SUBTOTAL of Receipts This Page (optional)

303.24

TOTAL This Period (last page this line 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 51 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Creeda Kesling

Mailing Address 579 Brookfield Farm Road

City

Ashland

State

KY

Zip Code

41102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare - Home Care Ashl-
and

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.73

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6007

Amount of Each Receipt this Period

28.21

BI-WEEKLY PAYROLL DEDUCT -
\$28.21

B.

Full Name (Last, First, Middle Initial)

Creeda Kesling

Mailing Address 579 Brookfield Farm Road

City

Ashland

State

KY

Zip Code

41102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare - Home Care Ashl-
and

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6057

Amount of Each Receipt this Period

28.21

Bi-weekly Payroll Deducti-
on - \$28.21

C.

Full Name (Last, First, Middle Initial)

Creeda Kesling

Mailing Address 579 Brookfield Farm Road

City

Ashland

State

KY

Zip Code

41102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare - Home Care Ashl-
and

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.73

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6061

Amount of Each Receipt this Period

-28.21

Bi-weekly Payroll Deducti-
on - (\$28.21)

SUBTOTAL of Receipts This Page (optional)

28.21

TOTAL This Period (last page this line 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 52 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Creeda Kesling

Mailing Address 579 Brookfield Farm Road

City

Ashland

State

KY

Zip Code

41102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare - Home Care Ashl-
and

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.94

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6116

Amount of Each Receipt this Period

28.21

Bi-weekly payroll deducti-
on - \$28.21

B.

Full Name (Last, First, Middle Initial)

Creeda Kesling

Mailing Address 579 Brookfield Farm Road

City

Ashland

State

KY

Zip Code

41102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare - Home Care Ashl-
and

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.15

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6134

Amount of Each Receipt this Period

28.21

Bi-weekly payroll deducti-
on - \$28.21

C.

Full Name (Last, First, Middle Initial)

Creeda Kesling

Mailing Address 579 Brookfield Farm Road

City

Ashland

State

KY

Zip Code

41102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare - Home Care Ashl-
and

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.36

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6184

Amount of Each Receipt this Period

28.21

Bi-weekly contribution -
\$28.21

SUBTOTAL of Receipts This Page (optional)

84.63

TOTAL This Period (last page this line 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 53 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	9

Transaction ID: SA11AI.6014

Amount of Each Receipt this Period

34.90

SEMI-MONTHLY PAYROLL DEDU-
CT - \$34.90**B.**

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	9

Transaction ID: SA11AI.6023

Amount of Each Receipt this Period

34.90

SEMI-MONTHLY PAYROLL DEDU-
CT - \$34.90**C.**

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	9

Transaction ID: SA11AI.6082

Amount of Each Receipt this Period

34.90

Semi-Monthly Payroll Deduction - \$34.90

SUBTOTAL of Receipts This Page (optional)

104.70

TOTAL This Period (last page this line 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 54 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	9

Transaction ID: SA11AI.6092

Amount of Each Receipt this Period

34.90

Semi-Monthly Payroll Deduction - \$34.90

B.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: SA11AI.6142

Amount of Each Receipt this Period

34.90

Semi-monthly payroll deduction - \$34.90

C.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

628.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11AI.6152

Amount of Each Receipt this Period

34.90

Semi-monthly payroll deduction - \$34.90

SUBTOTAL of Receipts This Page (optional)

104.70

TOTAL This Period (last page this line 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 55 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.10

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6231

Amount of Each Receipt this Period

34.90

Semi-monthly contribution
- \$34.90

B.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6242

Amount of Each Receipt this Period

34.90

Semi-monthly contribution
- \$34.90

C.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.90

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6331

Amount of Each Receipt this Period

34.90

Semi-monthly Payroll Deduction - \$34.90

SUBTOTAL of Receipts This Page (optional)

104.70

TOTAL This Period (last page this line 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 56 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.6343

Amount of Each Receipt this Period

34.90

Semi-monthly Payroll Deduction - \$34.90

B.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

802.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.6355

Amount of Each Receipt this Period

34.90

Semi-monthly Payroll Deduction - \$34.90

C.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.6367

Amount of Each Receipt this Period

34.90

Semi-monthly Payroll Deduction - \$34.90

SUBTOTAL of Receipts This Page (optional)

104.70

TOTAL This Period (last page this line 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 57 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5991

Amount of Each Receipt this Period

40.00

BI-WEEKLY PAYROLL DEDUCT -
\$40.00

B.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6009

Amount of Each Receipt this Period

40.00

BI-WEEKLY PAYROLL DEDUCT -
\$40.00

C.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6059

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line 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 58 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City	State	Zip Code
Southampton	MA	01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, IncOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	9

Transaction ID: SA11AI.6077

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40.00**B.**

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City	State	Zip Code
Southampton	MA	01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, IncOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11AI.6118

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deducti-
on - \$40.00**C.**

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City	State	Zip Code
Southampton	MA	01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, IncOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: SA11AI.6136

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deducti-
on - \$40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line 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 59 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6186

Amount of Each Receipt this Period

40.00

Bi-weekly contribution -
\$40.00

B.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6205

Amount of Each Receipt this Period

40.00

Bi-weekly contribution -
\$40.00

C.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6224

Amount of Each Receipt this Period

40.00

Bi-weekly contribution -
\$40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line 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 60 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6315

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40.00

B.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6316

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40.00

C.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6317

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line 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 61 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6318

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40.00

B.

Full Name (Last, First, Middle Initial)

THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
 LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6013

Amount of Each Receipt this Period

25.00

SEMI-MONTHLY PAYROLL DEDU-
CT - \$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
 LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6022

Amount of Each Receipt this Period

25.00

SEMI-MONTHLY PAYROLL DEDU-
CT - \$25.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line 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 62 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.6081

Amount of Each Receipt this Period

25.00

Semi-Monthly Payroll Deduction - \$25.00

B.

Full Name (Last, First, Middle Initial)
THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6091

Amount of Each Receipt this Period

25.00

Semi-Monthly Payroll Deduction - \$25.00

C.

Full Name (Last, First, Middle Initial)
THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6141

Amount of Each Receipt this Period

25.00

Semi-monthly payroll deduction - \$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line 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 63 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6151

Amount of Each Receipt this Period

25.00

Semi-monthly payroll dedu-
ction - \$25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6230

Amount of Each Receipt this Period

25.00

Semi-monthly contribution
- \$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6241

Amount of Each Receipt this Period

25.00

Semi-monthly contribution
- \$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line 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 64 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6330

Amount of Each Receipt this Period

25.00

Semi-monthly Payroll Deduction - \$25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6342

Amount of Each Receipt this Period

25.00

Semi-monthly Payroll Deduction - \$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6354

Amount of Each Receipt this Period

25.00

Semi-monthly Payroll Deduction - \$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line 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 65 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6366

Amount of Each Receipt this Period

25.00

Semi-monthly Payroll Deduction - \$25.00

B.

Full Name (Last, First, Middle Initial)
DANIEL MALONEY

Mailing Address 6996 MERLIN CT

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.6042

Amount of Each Receipt this Period

250.00

One-Time Contribution - \$250.00

C.

Full Name (Last, First, Middle Initial)
JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City State Zip Code
NASHVILLE TN 37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6012

Amount of Each Receipt this Period

21.00

SEMI-MONTHLY PAYROLL DEDUCTION - \$21.00

SUBTOTAL of Receipts This Page (optional)

296.00

TOTAL This Period (last page this line 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 66 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6021

Amount of Each Receipt this Period

21.00

SEMI-MONTHLY PAYROLL DEDU-
CT - \$21.00

B.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.6080

Amount of Each Receipt this Period

21.00

Semi-Monthly Payroll Dedu-
ction - \$21.00

C.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6090

Amount of Each Receipt this Period

21.00

Semi-Monthly Payroll Dedu-
ction - \$21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line 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 67 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6140

Amount of Each Receipt this Period

21.00

Semi-monthly payroll deduc-
tion - \$21.00

B.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6150

Amount of Each Receipt this Period

21.00

Semi-monthly payroll deduc-
tion - \$21.00

C.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.6229

Amount of Each Receipt this Period

21.00

Semi-monthly contribution
- \$21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line 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 68 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6240

Amount of Each Receipt this Period

21.00

Semi-monthly contribution
- \$21.00

B.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6329

Amount of Each Receipt this Period

21.00

Semi-monthly Payroll Deduction - \$21.00

C.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6341

Amount of Each Receipt this Period

21.00

Semi-monthly Payroll Deduction - \$21.00

SUBTOTAL of Receipts This Page (optional)

63.00

TOTAL This Period (last page this line 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 69 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: SA11AI.6353

Amount of Each Receipt this Period

21.00

Semi-monthly Payroll Deduction - \$21.00

B.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: SA11AI.6365

Amount of Each Receipt this Period

21.00

Semi-monthly Payroll Deduction - \$21.00

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER PALEN

Mailing Address 158 WORKS ROAD

City

HONEOYE FALLS

State

NY

Zip Code

14472

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	9	

Transaction ID: SA11AI.6265

Amount of Each Receipt this Period

10.00

Bi-weekly Payroll Deduction - \$10.00

SUBTOTAL of Receipts This Page (optional)

52.00

TOTAL This Period (last page this line 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 70 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER PALEN

Mailing Address 158 WORKS ROAD

City

HONEOYE FALLS

State

NY

Zip Code

14472

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6266

Amount of Each Receipt this Period

10.00

Bi-weekly Payroll Deducti-
on - \$10.00

B.

Full Name (Last, First, Middle Initial)

DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City

LOUISVILLE

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6273

Amount of Each Receipt this Period

10.00

Bi-weekly Payroll Deducti-
on - \$10.00

C.

Full Name (Last, First, Middle Initial)

DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City

LOUISVILLE

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6274

Amount of Each Receipt this Period

10.00

Bi-weekly Payroll Deducti-
on - \$10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line 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 71 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City State Zip Code
KINGWOOD TX 77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation
RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5988

Amount of Each Receipt this Period

25.00

BI-WEEKLY PAYROLL DEDUCT -
\$25.00

B.

Full Name (Last, First, Middle Initial)
THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City State Zip Code
KINGWOOD TX 77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation
RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6006

Amount of Each Receipt this Period

25.00

BI-WEEKLY PAYROLL DEDUCT -
\$25.00

C.

Full Name (Last, First, Middle Initial)
THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City State Zip Code
KINGWOOD TX 77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation
RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6056

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line 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 72 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6075

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6114

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-
on - \$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6132

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-
on - \$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line 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 73 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6183

Amount of Each Receipt this Period

25.00

Bi-weekly contribution -
\$25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6203

Amount of Each Receipt this Period

25.00

Bi-weekly contribution -
\$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6223

Amount of Each Receipt this Period

25.00

Bi-weekly contribution -
\$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line 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 74 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6311

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6312

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6313

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line 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 75 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6314

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

B.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6004

Amount of Each Receipt this Period

20.00

BI-WEEKLY PAYROLL DEDUCT -
\$20.00

C.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6053

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line 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 76 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6073

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

B.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6113

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

C.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6130

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line 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 77 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6179

Amount of Each Receipt this Period

20.00

Bi-weekly contribution -
\$20.00

B.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6201

Amount of Each Receipt this Period

20.00

Bi-weekly contribution -
\$20.00

C.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6219

Amount of Each Receipt this Period

20.00

Bi-weekly contribution -
\$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line 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 78 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: SA11AI.6303

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00**B.**

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: SA11AI.6304

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00**C.**

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	9	

Transaction ID: SA11AI.6305

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line 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 79 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6306

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

B.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5987

Amount of Each Receipt this Period

25.00

BI-WEEKLY PAYROLL DEDUCT -
\$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6005

Amount of Each Receipt this Period

25.00

BI-WEEKLY PAYROLL DEDUCT -
\$25.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line 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 80 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6055

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6074

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6115

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-
on - \$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line 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 81 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6133

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-
on - \$25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6182

Amount of Each Receipt this Period

25.00

Bi-weekly contribution -
\$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6204

Amount of Each Receipt this Period

25.00

Bi-weekly contribution -
\$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line 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 82 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6222

Amount of Each Receipt this Period

25.00

Bi-weekly contribution -
\$25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6307

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6308

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line 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 83 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6309

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6310

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

C.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5981

Amount of Each Receipt this Period

15.00

BI-WEEKLY PAYROLL DEDUCT -
\$15.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line 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 84 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.5999

Amount of Each Receipt this Period

15.00

BI-WEEKLY PAYROLL DEDUCT -
\$15.00

B.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6051

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

C.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6071

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line 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 85 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6111

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

B.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6127

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

C.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6175

Amount of Each Receipt this Period

15.00

Bi-weekly contribution -
\$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line 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 86 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6197

Amount of Each Receipt this Period

15.00

Bi-weekly contribution -
\$15.00

B.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6218

Amount of Each Receipt this Period

15.00

Bi-weekly contribution -
\$15.00

C.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6283

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line 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 87 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6284

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

B.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6285

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

C.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6286

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line 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 88 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City

RIVERTON

State

UT

Zip Code

84065

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11AI.6107

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-
on - \$10.00**B.**

Full Name (Last, First, Middle Initial)

MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City

RIVERTON

State

UT

Zip Code

84065

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: SA11AI.6123

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-
on - \$10.00**C.**

Full Name (Last, First, Middle Initial)

MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City

RIVERTON

State

UT

Zip Code

84065

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	9

Transaction ID: SA11AI.6173

Amount of Each Receipt this Period

10.00

Bi-weekly contribution -
\$10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line 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 89 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City

RIVERTON

State

UT

Zip Code

84065

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6194

Amount of Each Receipt this Period

10.00

Bi-weekly contribution -
\$10.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City

RIVERTON

State

UT

Zip Code

84065

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6212

Amount of Each Receipt this Period

10.00

Bi-weekly contribution -
\$10.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City

RIVERTON

State

UT

Zip Code

84065

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6267

Amount of Each Receipt this Period

10.00

Bi-weekly Payroll Deducti-
on - \$10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line 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 90 / 97

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City

RIVERTON

State

UT

Zip Code

84065

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: SA11AI.6268

Amount of Each Receipt this Period

10.00

Bi-weekly Payroll Deducti-
on - \$10.00**B.**

Full Name (Last, First, Middle Initial)

MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City

RIVERTON

State

UT

Zip Code

84065

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	9	

Transaction ID: SA11AI.6269

Amount of Each Receipt this Period

10.00

Bi-weekly Payroll Deducti-
on - \$10.00**C.**

Full Name (Last, First, Middle Initial)

MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City

RIVERTON

State

UT

Zip Code

84065

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	9	

Transaction ID: SA11AI.6270

Amount of Each Receipt this Period

10.00

Bi-weekly Payroll Deducti-
on - \$10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line 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 91 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6049

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6069

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6109

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line 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 92 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6129

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6176

Amount of Each Receipt this Period

15.00

Bi-weekly contribution -
\$15.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6198

Amount of Each Receipt this Period

15.00

Bi-weekly contribution -
\$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line 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 93 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6215

Amount of Each Receipt this Period

15.00

Bi-weekly contribution -
\$15.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6279

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6280

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line 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 94 / 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINSVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6281

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINSVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6282

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

13174.64

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 95 / 97

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
AMERICA'S LEADERSHIP PAC

Mailing Address 607 14th Street, NW, Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
PAC Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.6167

Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

3000.00

B. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Campaign Contribution

Candidate Name

006
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.6165

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
Lunch Reception

Candidate Name
STABENOW FOR US SENATE

007
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 00

Transaction ID: SB23.5973

Date of Disbursement

07 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

6500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 96 / 97

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mellon Financial

Mailing Address 500 Ross Street
Room 1380

City Pittsburgh State PA Zip Code 15262-0001

Purpose of Disbursement
Account Analysis Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.6029

Date of Disbursement

M M / D D / Y Y Y Y
07 15 2009

Amount of Each Disbursement this Period

500.45

B.

Full Name (Last, First, Middle Initial)

Mellon Financial

Mailing Address 500 Ross Street
Room 1380

City Pittsburgh State PA Zip Code 15262-0001

Purpose of Disbursement
Financial Analysis Bank Fees - September 2009

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.6162

Date of Disbursement

M M / D D / Y Y Y Y
09 15 2009

Amount of Each Disbursement this Period

35.62

C.

Full Name (Last, First, Middle Initial)

Mellon Financial

Mailing Address 500 Ross Street
Room 1380

City Pittsburgh State PA Zip Code 15262-0001

Purpose of Disbursement
Account Analysis Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.6161

Date of Disbursement

M M / D D / Y Y Y Y
10 15 2009

Amount of Each Disbursement this Period

46.42

SUBTOTAL of Disbursements This Page (optional)

582.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 97 / 97

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mellon Financial

Mailing Address 500 Ross Street
Room 1380

City Pittsburgh State PA Zip Code 15262-0001

Purpose of Disbursement
Account Analysis Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.6250

Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

47.35

B.

Full Name (Last, First, Middle Initial)

Mellon Financial

Mailing Address 500 Ross Street
Room 1380

City Pittsburgh State PA Zip Code 15262-0001

Purpose of Disbursement
Account Analysis Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.6374

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

47.80

SUBTOTAL of Disbursements This Page (optional)

95.15

TOTAL This Period (last page this line number only)

677.64