12/04/2008 16:31

Image# 28934592497

# FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

		For O	tner I nan An	Authorize	ea Comm	ittee		Office Use	Only	
1.			EC MAILING LA PE OR PRINT		xample:If typi ver the lines	ng, type		• • • •	]	
L	OmniCare, Inc. Politcal Actio	n Comn	nittee							
Ш										
A <u>D</u>	DRESS (number and street)	1600	0 River Center II			1 1 1 1				
_		100	East River Cente	er Blvd			1 1 1			1
L	Check if different than previously reported. (ACC)	Covi	rington				LKY J	411	01	
2.	FEC IDENTIFICATION NUM	BER	<b>~</b>	CITY 🛕			STATE	ZI	PCODE A	
	C00392886			3. IS THIS REPOR		NEW (N) OR	X	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b)	Monthly Report Due On:	Feb 20 (Ma		May 20 (M5) Jun 20 (M6)	H	Aug 20 (M8) Sep 20 (M9)	Dec 2	20 (M12) Election
	(a) Quarterly reports.			Apr 20 (M <sup>2</sup>	4)	Jul 20 (M7)	П	Oct 20 (M10)	Year C	Only) 1 (YE)
	April 15 Quarterly Report(Q	1)		7 45: 20 (:::		Г				
	July 15 Quarterly Report(Q2 October 15 Quarterly Report(Q3		(c) 12-Day PRE-Electi Report for		Primary (1		=	eral (12G)	Runo	ff (12R)
	January 31 Quarterly Report(YE			Election on					n the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)  Termination Report	1	(d) 30-Day Post -Electric Report for		General (3	80G)	Rund	off (30R)	Speci	ial (30S)
	(TER)			Election on	1 1	0 4	2008		n the State of	
5.	Covering Period 1 0		01 200	8	through	11	24	2008		
	ertify that I have examined this F	•	and to the best of	my knowledge	e and belief it	is true, correct	and comp	ete.		
, ,,,	of Time Name of Treasurer									
Sig	nature of Treasurer Electron	nically F	Filed by Tom Ma	arsh		1	Date	12 04	2008	3
NO	TE : Submission of false, erron	eous, o	or incomplete info	rmation may s	subject the pe	erson signing th	is Report t	o the penalties of	2 U.S.C 43	7g.
	Office Use								ORM 3X	,

FE6AN026

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name OmniCare, Inc. Politcal Action Committee <sup>®</sup> D " D 24 1.0 0 1 2008 1,1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 42897.35 January 1 (b) Cash on Hand at 31310.10 Begining of Reporting Period ..... 7369.79 15382.54 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 38679.89 58279.89 6(a) and 6(c) for Column B) ..... 12300.00 31900.00 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 26379.89 26379.89 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) ..... 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

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

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

Report Covering the Period:

From:

01

2008

To:

м м 1 1 D D 24

<sup>Y</sup> 2008

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	6495.00	12530.00
(ii) Unitemized	874.79	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7369.79	15382.54
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7369.79	15382.54
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7369.79	15382.54
Total Federal Receipts     (subtract Line 18(c) from Line 19)	7369.79	15382.54

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	12300.00	27300.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	4600.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) I coord offare	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
	<u> </u>		
۱.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12300.00	31900.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	12300.00	31900.00
	from Line 31)	12300.00	31900.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	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)	7369.79	15382.54
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	7369.79	15382.54
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

FE6AN026

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 12 (check only one)    X   11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\angle$	OmniCare, Inc. Politcal Action Com	mittee		¥
	Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
	Mailing Address 208 Old Mill Road			10 15 2008
	City	State	Zip Code	Transaction ID: SA11AI.5557
	Royersford	PA	19468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Omnicare, Inc	Occupation VP Publi		Semimonthly Payroll Deduction \$200.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
_	Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
	Mailing Address 208 Old Mill Road		10 0 31 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11AI.5573
	Royersford	PA	19468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Omnicare, Inc	Occupation VP Public		Semimonthly Payroll Deduction \$200.00
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		2200.00	]
_	Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
	Mailing Address 208 Old Mill Road			1 1 1 4 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.5597
	Royersford	PA	19468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			200.00
	Name of Employer Omnicare, Inc	Occupation VP Publi		Bi-monthly Payroll - \$20000
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2400.00	
	SUBTOTAL of Receipts This Page (optional)	1		600.00

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 12 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  OmniCare, Inc. Politcal Action Comm	e name and address of any political committ	person for the purpose of soliciting contributions lee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian Egan  Mailing Address 9945 SE GIA CT.  City Portland  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc - Evergreen  Receipt For: Primary General Other (specify)	State Zip Code OR 97086  C  Occupation Pharmacist Aggregate Year-to-Date  220.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Brian Egan  Mailing Address 9945 SE GIA CT.  City Portland  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc - Evergreen  Receipt For: Primary General Other (specify)	State Zip Code OR 97086  C  Occupation Pharmacist Aggregate Year-to-Date  240.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Brian Egan  Mailing Address 9945 SE GIA CT.  City Portland  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc - Evergreen  Receipt For:  Primary General Other (specify) ▼	State Zip Code OR 97086  C  Occupation Pharmacist  Aggregate Year-to-Date  260.00	Date of Receipt    M   M   2008   Transaction ID: SA11AI.5591   Amount of Each Receipt this Period   20.00   Bi-monthly Payroll - \$20
SUBTOTAL of Receipts This Page (optional) .		60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 8 / 12   (check only one)		
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	mmittee				
Full Name (Last, First, Middle Initial) CHERYL D HODGES			Date of Receipt		
Mailing Address 100 E RIVERCENT SUITE 1600	TER BLVD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City COVINGTON	State <b>KY</b>	Zip Code 41011	Transaction ID: SA11AI.5546  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	41011	5000.00		
Name of Employer OMNICARE INC	Occupation EXECUT		One-time Contribution of \$5,000.00.		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00			
Full Name (Last, First, Middle Initial) Patrick Keefe	<b>L</b>		Date of Receipt		
Mailing Address 6358 Turpin Hills D	Orive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Cincinnati	State OH	Zip Code 45244	Transaction ID: SA11AI.5558  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	70277	225.00		
Name of Employer Omnicare Inc.	Occupation Executive		Semimonthly Payroll Deduction \$225.00		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2250.00			
Full Name (Last, First, Middle Initial) Patrick Keefe			Date of Receipt		
Mailing Address 6358 Turpin Hills D					
City Cincinnati	State OH	Zip Code 45244	Transaction ID: SA11AI.5574		
FEC ID number of contributing federal political committee.	C	43244	Amount of Each Receipt this Period  225.00		
Name of Employer Omnicare Inc.	Occupation Executive		Semimonthly Payroll Deduction \$225.00		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2475.00			
SUBTOTAL of Receipts This Page (optional	al)		5450.00		

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 12 (check only one)    X
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>4</b> .	Full Name (Last, First, Middle Initial) Patrick Keefe Mailing Address 6358 Turpin Hills Drive	Δ		Date of Receipt
	City Cincinnati	State OH	Zip Code 45244	Transaction ID: SA11AI.5598  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00 Bi-monthly Payroll - \$225-
	Name of Employer Omnicare Inc.  Receipt For:  Primary  General  Other (specify)	Occupation Executive Aggregate		.00
3.	Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Mead	ow Road		Date of Receipt  10 03 2008
	City	State	Zip Code	Transaction ID: SA11AI.5552
	Southampton FEC ID number of contributing	MA	01073	Amount of Each Receipt this Period
	federal political committee.	C		40.00
	Name of Employer Omnicare, Inc	Occupation Pharmac		Biweekly Payroll Deduction \$40.00
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
_	Full Name (Last, First, Middle Initial) Andrew H Kowal	l		Date of Receipt
	Mailing Address 153 R Pomeroy Mead	10 17 2008		
	City Southampton	State MA	Zip Code 01073	Transaction ID: SA11AI.5563  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.070	40.00
	Name of Employer Omnicare, Inc	Occupation Pharmac		Biweekly Payroll Deduction \$40.00
	Receipt For:  Primary  General  Other (specify)		e Year-to-Date ▼ 440.00	
	SUBTOTAL of Receipts This Page (optional)	1		305.00

A.

В.

PAGE 10 / 12 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Andrew H Kowal Mailing Address 153 R Pomeroy Meadow Road 31 2008 10 City State Zip Code Transaction ID: SA11AI.5571 Southampton MA 01073 Amount of Each Receipt this Period FEC ID number of contributing 40.00 C federal political committee. Semimonthly Payroll Deduction \$40.00 Name of Employer Omnicare, Inc Occupation Pharmacist Receipt For: Aggregate Year-to-Date General Primary 480.00 Other (specify) Full Name (Last, First, Middle Initial) Andrew H Kowal Date of Receipt Mailing Address 153 R Pomeroy Meadow Road 14 2008 City State Zip Code Transaction ID: SA11AI.5595 Southampton MA 01073 Amount of Each Receipt this Period FEC ID number of contributing 40.00 C federal political committee. Bimonthly Payroll - \$40.00 Name of Employer Omnicare, Inc Occupation Pharmacist Receipt For: Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)	•	80.00
TOTAL This Period (last page this line number only)	<b>•</b>	6495.00

520.00

Primary

Other (specify)

General

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  OmniCare, Inc. Political Action Committee  Full Name (Last, First, Middle Initial)  CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE  Mailing Address  6380 Wilshire Blvd. #1612	SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	) FOR LINE (check only	
nor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  OmniCare, Inc. Political Action Committee  Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE  Mailing Address 6380 Wilshire Blvd. #1612  City Los Angeles CA 90048  Purpose of Disbursement Contribution Candidate Name  Office Sought: X House Senate President State: CA District: 30  Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS  Mailing Address PO BOX 586  City State Zip Code Primary A General Other (specify)  Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS  Mailing Address PO BOX 586  City State: Zip Code HELENA MT 59624  Purpose of Disbursement Contribution Candidate Name  Office Sought: X House X Senate Primary X General Primary X General Other (specify) Type  Office Sought: X Benate Primary X General Primary X General Other (specify) Type  Transaction ID: SB23,5541 Date of Disbursement Initial Peric  1 0 0 7	TEMIZED DISBURSEMENTS	, ,	21b 27	22 X 23 24 25 28a 28b 28c 29
Full Name (Last, First, Middle Initial) CONGRESSMAN WXXMAN CAMPAIGN COMMITTEE  Mailing Address 6380 Wilshire Bivd. #1612  City State Zip Code CA 90048  Purpose of Disbursement Contribution Candidate Name  Office Sought: X House Senate Primary X General Primary X General Primary X General Primary X General Disbursement Toother (specify) ▼  Transaction ID: SB23.5543 Date of Disbursement In 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE  Mailing Address 6380 Wilshire Blvd. #1612  City State Zip Code CA 90048  Purpose of Disbursement Contribution  Candidate Name  Office Sought: X House Senate President State: CA Disbursement For: 2008 Primary X General Primar		nittee		
Mailing Address   6380 Wilshire Blvd. #1612   10   28   2008		GN COMMITTEE		Date of Disbursement
Los Angeles  CA 90048  Purpose of Disbursement Contribution  Candidate Name  Office Sought:	Mailing Address 6380 Wilshire Blvd.	#1612		10 1 28 1 2008
Contribution Candidate Name  Office Sought:				Amount of Each Disbursement this Perio
Office Sought:	Contribution			2000.00
Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS  Mailing Address PO BOX 586  City HELENA Purpose of Disbursement Contribution Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) President State: MT District: 00  Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS  Mailing Address  PO BOX 3176  Transaction ID: SB23.5541 Date of Disbursement this Peric  Amount of Each Disbursement this Peric  2000.00  Transaction ID: SB23.5535 Date of Disbursement ID: SB23.5535 Date of Disbursement  1 0 M 1 0 2 0 7 2 0 0 8  Transaction ID: SB23.5535 Date of Disbursement  1 0 M 2 0 7 2 0 0 8  Amount of Each Disbursement this Peric  2000.00  Transaction ID: SB23.5535 Date of Disbursement  1 0 M 2 0 7 2 0 0 8  Amount of Each Disbursement  1 0 M 2 0 7 2 0 0 8  Amount of Each Disbursement  1 0 M 2 0 7 2 0 0 8  Amount of Each Disbursement  2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Senate President	Primary X General	Туре	
City HELENA State Zip Code MT 59624  Purpose of Disbursement Contribution Candidate Name  Office Sought: House X Senate Primary X General Other (specify) ▼  City Name (Last, First, Middle Initial) PALLONE FOR CONGRESS  Mailing Address PO BOX 3176  City State Zip Code Other (specify) ▼  City State Zip Code NJ 07740  Purpose of Disbursement Tor: 2008  Mailing Address PO BOX 3176  City State Zip Code NJ 07740  Purpose of Disbursement Campaign Breakfast on 10/23/08  Candidate Name  Disbursement For: 2008  State Zip Code NJ 07740  Purpose of Disbursement Campaign Breakfast on 10/23/08  Candidate Name  Disbursement For: 2008  Senate Primary X General Other (specify) ▼  Office Sought: X House Senate Primary X General Other (specify) ▼  Office Sought: X House Senate Primary X General Other (specify) ▼	Full Name (Last, First, Middle Initial)			Date of Disbursement
HÉLENA  Purpose of Disbursement Contribution Candidate Name  Office Sought: House	Mailing Address PO BOX 586			100 28 2008
Contribution Candidate Name  Office Sought: House X Senate Primary X General Other (specify)  Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS  Mailing Address PO BOX 3176  City State Zip Code NJ 07740  Purpose of Disbursement Por: 2008  Campaign Breakfast on 10/23/08  Candidate Name  Office Sought: X House Senate Primary X General Other (specify)   Office Sought: X House Senate Primary X General Other (specify)   Office Sought: X House Senate Primary X General Other (specify)   Office Sought: X House Senate Primary X General Other (specify)   Office Sought: X House Senate Primary X General Other (specify)   Other (specify				
Office Sought: House X Senate Primary X General Other (specify) ▼  State: MT District: 00  Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS  Mailing Address PO BOX 3176  City State Zip Code NJ 07740  Purpose of Disbursement Campaign Breakfast on 10/23/08  Candidate Name  Office Sought: X House Senate Primary X General Other (specify) ▼  Disbursement For: 2008  Carbor Conde C	Contribution			2000.00
PALLONE FOR CONGRESS  Mailing Address PO BOX 3176  City State Zip Code Long Branch NJ 07740  Purpose of Disbursement Campaign Breakfast on 10/23/08  Candidate Name Disbursement For: 2008  Senate Primary X General President Other (specify)  President Disbursement Disbursement For: 2008  Senate Primary X General Other (specify)  Part of Disbursement Disbursement Disbursement For: 2008	χ Senate President	Primary X General	Туре	
City State Zip Code Long Branch NJ 07740  Purpose of Disbursement Campaign Breakfast on 10/23/08 Candidate Name Category/ Type  Office Sought: X House Senate Primary X General President Other (specify) ▼	,			Date of Disbursement
Long Branch Purpose of Disbursement Campaign Breakfast on 10/23/08 Candidate Name  Office Sought:  X House Senate Primary President  Disbursement For: 2008 Senate Primary X General Other (specify) ▼	Mailing Address PO BOX 3176			10 20 7 2008
Campaign Breakfast on 10/23/08  Candidate Name  Office Sought: X House Senate Primary X General President  President  Other (specify)   Category/ Type  Other (specify)   Other (specify)   Other (specify)				
Type  Office Sought: X House Disbursement For: 2008 Senate Primary X General President Other (specify) ▼	Campaign Breakfast on 10/23/08		003	2300.00
Senate Primary X General President Other (specify) ▼				
Sidle. ING DISTRICT. UD	Senate President	Primary X General		
	State: INJ DISTRICT: U6			

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check on	E NUMBER: PAGE 12/12
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28b 28c 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committ	ee		
Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITT	ĒĒ		Transaction ID: SB23.5544 Date of Disbursement
Mailing Address P.O. Box 8331			10 20 2000
City Fremont	State Zip Code CA 94537		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution Candidate Name		007 Category/	2000.00
Office Sought:  X House Senate President State: CA District: 13	rsement For: 2008 Primary X General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS			Transaction ID: SB23.5576 Date of Disbursement
Mailing Address P.O. BOX 5130			10 28 2000
City EVANSTON	State Zip Code IL 60204		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution of \$2,000.00		006	2000.00
Candidate Name		Category/ Type	
Office Sought:  X House Senate President State: IL District: 09	rsement For: 2008 Primary X General Other (specify)	7.	
Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS		Transaction ID: SB23.5542 Date of Disbursement	
Mailing Address 817 Ninth Avenue P.O PO BOX 143	. Box 156		10 M / D 28 / Y 2008
City Menominee	State Zip Code MI 49858		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		007	2000.00
Candidate Name		Category/ Type	
Office Sought:    X   House   Disbute     Senate   President     State: MI   District: 01	rsement For: 2008 Primary X General Other (specify)	•	
SUBTOTAL of Disbursements This Page (optional	ın		6000.00