

**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

11

04

2008

in the
State of

5. Covering Period

10

01

2008

through

11

24

2008

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

12

04

2008

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)

Page 2

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2008	42897.35
(b) Cash on Hand at Beginning of Reporting Period	31310.10	
(c) Total Receipts (from Line 19)	7369.79	15382.54
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	38679.89	58279.89
7. Total Disbursements (from Line 31)	12300.00	31900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26379.89	26379.89
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)

Page 3

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 8

To:

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

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	6495.00	12530.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	874.79	2852.54
(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)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	7369.79	15382.54
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))	7369.79	15382.54
20. 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
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12300.00	27300.00
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.....	0.00	4600.00
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))..	12300.00	31900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 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

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

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

FOR LINE NUMBER: PAGE 6 / 12

(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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.5557

Amount of Each Receipt this Period

200.00

Semimonthly 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 ▼

2200.00

Date of Receipt

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

Transaction ID: SA11AI.5573

Amount of Each Receipt this Period

200.00

Semimonthly 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 ▼

2400.00

Date of Receipt

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

Transaction ID: SA11AI.5597

Amount of Each Receipt this Period

200.00

Bi-monthly Payroll - \$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 7 / 12

(check only one)

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

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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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.5562

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction
\$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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.5567

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction
\$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 ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.5591

Amount of Each Receipt this Period

20.00

Bi-monthly Payroll - \$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 8 / 12

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CHERYL D HODGES

Mailing Address 100 E RIVERCENTER BLVD
SUITE 1600

City State Zip Code
COVINGTON KY 41011

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
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.5546

Amount of Each Receipt this Period

5000.00

One-time Contribution of
\$5,000.00.

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 ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.5558

Amount of Each Receipt this Period

225.00

Semimonthly Payroll Deduc-
tion \$225.00

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 ▼

2475.00

Date of Receipt

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

Transaction ID: SA11AI.5574

Amount of Each Receipt this Period

225.00

Semimonthly Payroll Deduc-
tion \$225.00

SUBTOTAL of Receipts This Page (optional)

5450.00

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:
(check only one)

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

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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 ▼

2700.00

Date of Receipt

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

Transaction ID: SA11AI.5598

Amount of Each Receipt this Period

225.00

Bi-monthly Payroll - \$225-
.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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.5552

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction
\$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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.5563

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction
\$40.00

SUBTOTAL of Receipts This Page (optional)

305.00

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 / 12

(check only one)

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

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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 ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.5571

Amount of Each Receipt this Period

40.00

Semimonthly Payroll Deduction \$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 ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.5595

Amount of Each Receipt this Period

40.00

Bimonthly Payroll - \$40.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

6495.00

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 11 / 12

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

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NAME OF COMMITTEE (In Full)
OmniCare, Inc. Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 30</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5543</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>007 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS</p> <p>Mailing Address PO BOX 586</p> <p>City HELENA State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MT District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5541</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>007 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS</p> <p>Mailing Address PO BOX 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Campaign Breakfast on 10/23/08</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5535</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

6300.00

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 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City State Zip Code
 Fremont CA 94537

Purpose of Disbursement
 Contribution

Candidate Name

007

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 13

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.5544

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City State Zip Code
 EVANSTON IL 60204

Purpose of Disbursement
 Contribution of \$2,000.00

Candidate Name

006

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 09

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.5576

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
STUPAK FOR CONGRESS

Mailing Address 817 Ninth Avenue P.O. Box 156
 PO BOX 143

City State Zip Code
 Menominee MI 49858

Purpose of Disbursement
 Contribution

Candidate Name

007

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 01

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.5542

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

12300.00