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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Autho	orized Committee	Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
OmniCare, Inc. Politca	I Action Committee			
ADDRESS (number and street)	201 E. Fourth Street			
Check if different	900 Omnicare Center			
than previously reported. (ACC)	Cincinnati		OH 45202	
2. FEC IDENTIFICATION NU	MBER ▼ CITY	A	STATE ▲ ZIP CODE ▲	
C C00392886	3. IS RE	THIS NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	0 (M2) May 20 (M5 0 (M3) Jun 20 (M6)	Sep 20 (M9) Dec (Non-Year de Non-Year de N	20 (M12) Election
(a) Quarterly Reports:	Apr 20	Jul 20 (M7)	Oct 20 (M10) Jan	Only) 31 (YE)
April 15 Quarterly Report (Q	1) (c) 12-Day	Primary (12P)	General (12G) Runo	off (12R)
July 15 Quarterly Report (Q2	PRF-Election	Convention (12C)	Special (12S)	<i>/</i> // (1211)
October 15 Quarterly Report (Q3	3)			
X January 31 Year-End Report (YE	Election	on M M M / D D /	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Spec	cial (30S)
Termination Report (TER)	Election	on	in the State of	·
5. Covering Period 11	27 2012	through 12	1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
I certify that I have examined this	s Report and to the best of m	ny knowledge and belief it is t	rue, correct and complete.	
Type or Print Name of Treasurer	Regis T Robbins			
Signature of Treasurer Regis	T Robbins	[Electronically Filed]	Date 01 / 31 / 20	13
NOTE: Submission of false, errone	ous, or incomplete information	may subject the person signing	this Report to the penalties of 2 U.S.C.	. §437g.
Office Use			FEC FORM 3 Rev. 12/2004	BX

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

OmniCare, Inc. Politcal Action Committee

Report Covering the Period: From: 11 27 2012 To: 12 31 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		30143.20
	(b) Cash on Hand at Beginning of Reporting Period	44392.86	
	(c) Total Receipts (from Line 19)	5130.80	68880.46
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49523.66	99023.66
7.	Total Disbursements (from Line 31)	0.00	49500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49523.66	49523.66
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)

Write or Type Committee Name

OmniCare, Inc. Politcal Action Committee

Report Covering the Period: From: 11 I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	4318.80	48854.61
(1) 1101111252 (200 001105210 11)1111111111		
(ii) Unitemized	812.00	23581.08
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	5130.80	72435.69
(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		70.405.00
Totals to Line 33, page 5)	5130.80	72435.69
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0555.00
(Carry Totals to Line 37, page 5)	0.00	-3555.23
Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(nom concado 110)		0.00
(h) Levin Funda (frans Cahadula LIF)	0.00	0.00
(b) Levin Funds (from Schedule H5)	7 7	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(b) Total Transfers (add To(a) and To(b))	, , ,	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	5130.80	68880.46
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	5130.80	68880.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period			
Operating Expenditures:	Total Tills I criou	Calendar Year-to-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
_				
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	0.00		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party	0.00	0.00		
Committees	0.00	0.00		
Contributions to				
Federal Candidates/Committees and Other Political Committees	0.00	49500.00		
Independent Expenditures				
(use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (2 U.S.C. §441a(d))				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loone Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	3.00	3.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
Than I omical committees	7			
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(I) T. (O) (II II D. (
(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))▶	7	7		
Other Disbursements	0.00	0.00		
Other Dispursements	0.00	3		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	0.00	0.00		
With Federal Funds	0.00	7		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
בוווסט סטנמונוון מוומ סטנטון וווי	7			
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	49500.00		
	7			
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	0.00	49500.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-	COLUMN A	COLUMN B
penditures	Total This Period	Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5130.80	72435.69
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5130.80	72435.69
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	-3555.23
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3555.23

FOR LINE NUMBER: **PAGE** 6 OF 51 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Charles Agonis Date of Receipt Mailing Address 1416 Pheasant Landing Dr. 07 2012 City State Zip Code Transaction ID: SA11AI.10807 Plainfield IL 60586 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Name of Employer Occupation Omnicare of No. IL. **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Charles Agonis Date of Receipt Mailing Address 1416 Pheasant Landing Dr. 12 21 2012 City State Zip Code Transaction ID: SA11AI.10916 Plainfield IL 60586 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation Omnicare of No. IL. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Todd Anderson Date of Receipt Mailing Address 07 2012 City State Zip Code Transaction ID: SA11AI.10808 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Todd Anderson Date of Receipt Mailing Address 2012 12 21 City State Zip Code Transaction ID: SA11AI.10917 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Arnold Date of Receipt Mailing Address 71 Sentry Drive 12 07 2012 City State Zip Code Transaction ID: SA11AI.10809 KY Wilder 41076 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Arnold Date of Receipt Mailing Address 71 Sentry Drive 12 21 2012 City State Zip Code Transaction ID: SA11AI.10918 KY Wilder 41076 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Regional Vice President Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Daniel Baker Date of Receipt Mailing Address 1518 Martock Lane 07 2012 City Zip Code State Transaction ID: SA11AI.10810 MD Hanover 21076 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Baker Date of Receipt Mailing Address 1518 Martock Lane 12 21 2012 City State Zip Code Transaction ID: SA11AI.10919 MD Hanover 21076 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 07 2012 City State Zip Code Transaction ID: SA11AI.10811 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation VP Public Affairs Omnicare, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 4800.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 9 OF Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee	tee	
Primary General Other (specify) ▼		Date of Receipt 12 21 2012 Transaction ID : SA11AI.10920 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road City State Royersford PA FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) ▼ Aggregat		Date of Receipt 12 31 2012 Transaction ID : SA11AI.10914 Amount of Each Receipt this Period -200.00
Full Name (Last, First, Middle Initial) Darold R. Barnes Mailing Address City State FEC ID number of contributing federal political committee. Name of Employer Bi-weekly Payroll Deduction - \$15 Receipt For: Primary General Other (specify) Aggregate	Zip Code on e Year-to-Date ▼ 810.00	Date of Receipt 12 07 2012 Transaction ID : SA11AI.10812 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)	>	40.00

	FOR LINE I	NUMBER:	PAGE	E 10 OF	5
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
zotanou oumnary r ago	13	14	15	16	

or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	n Committee	
Full Name (Last, First, Middle Initial) Darold R. Barnes		Date of Receipt
Mailing Address		12 21 2012
City	State Zip Code	Transaction ID : SA11AI.10921 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer Bi-weekly Payroll Deduction - \$15	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Alan Bell Mailing Addrsos 45779 994 41		Date of Receipt
Mailing Address 10776 221st Lane NE City	State Zip Code	12 07 2012
Redmond	WA 98053	Transaction ID : SA11AI.10813 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer Omnicare, Inc.	Occupation Senior Director - Clinical	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 10776 221st Lane NE		12 21 2012
City Redmond	State Zip Code WA 98053	Transaction ID : SA11AI.10922 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation Chaire	-
Omnicare, Inc. Receipt For:	Senior Director - Clinical Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	380.00	
SUBTOTAL of Receipts This Page (optional).		80.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 11 OF 51 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Jonathan D Borman Date of Receipt Mailing Address 07 2012 12 City State Zip Code Transaction ID: SA11AI.10814 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jonathan D Borman Date of Receipt Mailing Address 12 21 2012 City State Zip Code Transaction ID: SA11AI.10923 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 285.00 Other (specify) Full Name (Last, First, Middle Initial) c. Barry Bress Date of Receipt Mailing Address 3105 Story Book Ct. 07 2012 City State Zip Code Transaction ID: SA11AI.10816 MD Elliot City 21042 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Pharmacist Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	MBER	:	PAGE	•	12 OF	51
Use separate schedule(s)	(che	ck only	or or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c		12	
		13		14		15		16	17

Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
OmniCare, Inc. Politcal Action (Committee	
Full Name (Last, First, Middle Initial) A. Barry Bress		Date of Receipt
Mailing Address 3105 Story Book Ct.		12 21 2012
City	State Zip Code	Transaction ID : SA11AI.10925
Elliot City	MD 21042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial) 3. Ross Brickley		Date of Receipt
Mailing Address 5408 Quetzel Ct.		M = M / D = D / Y = Y = Y
City	State Zip Code	12 07 2012 Transaction ID : \$41141 10817
Garner	NC 27529	Transaction ID : SA11AI.10817 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	RSA Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	720.00	
Full Name (Last, First, Middle Initial) C. Ross Brickley		Date of Receipt
Mailing Address 5408 Quetzel Ct.		12 21 2012
City	State Zip Code	Transaction ID : SA11AI.10926
Garner	NC 27529	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	RSA Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	760.00	
SUBTOTAL of Receipts This Page (optional)		100.00
TOTAL This Period (last page this line number of	only)	

	FOF	LINE	NU	MBER	:	PAGE	1	3 OF	=	51
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Acti	ion Committee	
Full Name (Last, First, Middle Initial) Randall Carpenter Mailing Address		Date of Receipt
City	State Zip Code	12 07 2012 Transaction ID : SA11AI.10820
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) . Randall Carpenter		Date of Receipt
Mailing Address		12 21 2012
City	State Zip Code	Transaction ID : SA11AI.10929 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Mark P Celebre	1	Date of Receipt
Mailing Address 3800 - 5th Place		12 07 2012
City Kenosha	State Zip Code WI 53144	Transaction ID : SA11AI.10822 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation Pharmacist	1
Receipt For: Primary Other (specify)	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (options	al)	220.00
	nber only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 14 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	Committee	
Full Name (Last, First, Middle Initial) Mark P Celebre Mailing Address 3800 - 5th Place City Kenosha FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General	State Zip Code WI 53144 C Occupation Pharmacist Aggregate Year-to-Date ▼	Date of Receipt 12 21 2012 Transaction ID: SA11AI.10931 Amount of Each Receipt this Period 20.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Jeremy Colvin	380.00	Date of Receipt
Mailing Address 8514 Watterson Trail City Louisville FEC ID number of contributing federal political committee.	State Zip Code KY 40299 C	Transaction ID : SA11AI.10823 Amount of Each Receipt this Period 20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Jeremy Colvin Mailing Address 8514 Watterson Trail		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Louisville FEC ID number of contributing federal political committee.	State Zip Code KY 40299	Transaction ID : SA11AI.10932 Amount of Each Receipt this Period 20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General	Occupation Aggregate Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	<u></u>	60.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 15 OF 51 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 07 2012 City Zip Code State Transaction ID: SA11AI.10826 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 12 21 2012 City State Zip Code Transaction ID: SA11AI.10937 CINCINNATI OH 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) W G Erwin Date of Receipt Mailing Address 07 2012 City State Zip Code Transaction ID: SA11AI.10828 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 16 OF 51 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) W G Erwin Date of Receipt Mailing Address 2012 12 21 City State Zip Code Transaction ID: SA11AI.10939 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1900.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MELINDA FERRIS Date of Receipt Mailing Address 2036 BERKSHIRE RD 12 07 2012 City State Zip Code Transaction ID: SA11AI.10830 **COLUMBUS** OH 43221 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation **OMNICARE INC PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) c. MELINDA FERRIS Date of Receipt Mailing Address 2036 BERKSHIRE RD 21 2012 City Zip Code State Transaction ID: SA11AI.10941 OH **COLUMBUS** 43221 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation **PHARMACIST** OMNICARE INC Receipt For: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 17 OF 51 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Robert Foley Date of Receipt Mailing Address 9692 Calliope Lane 07 2012 City State Zip Code Transaction ID: SA11AI.10831 Shreveport LA 71115 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Pharmacist Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Foley Date of Receipt Mailing Address 9692 Calliope Lane 12 21 2012 City State Zip Code Transaction ID: SA11AI.10942 LA Shreveport 71115 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jeffrey M Garrett Date of Receipt Mailing Address 2012 07 City State Zip Code Transaction ID: SA11AI.10832 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using 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) Jeffrey M Garrett Date of Receipt Mailing Address 2012 21 City Zip Code State Transaction ID: SA11AI.10943 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven D Gates Date of Receipt Mailing Address 2012 12 07 City State Zip Code Transaction ID: SA11AI.10833 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven D Gates Date of Receipt Mailing Address 2012 12 21 City State Zip Code Transaction ID: SA11AI.10944 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 19 OF 51 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Bernard Gelbard Date of Receipt Mailing Address 18 Inverness Drive 07 2012 City State Zip Code Transaction ID: SA11AI.10834 NY New City 10956 Amount of Each Receipt this Period FEC ID number of contributing C 12.00 federal political committee. Name of Employer Occupation Omnicare **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 288.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bernard Gelbard Date of Receipt Mailing Address 18 Inverness Drive 12 21 2012 City State Zip Code Transaction ID: SA11AI.10945 NY **New City** 10956 Amount of Each Receipt this Period FEC ID number of contributing 12.00 federal political committee. Name of Employer Occupation Omnicare Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Gould Date of Receipt Mailing Address 07 2012 City State Zip Code Transaction ID: SA11AI.10837 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 2200.00 Other (specify) 124.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) John Gould Date of Receipt Mailing Address 2012 12 21 City State Zip Code Transaction ID: SA11AI.10948 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 2300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Roberta Halverson Date of Receipt Mailing Address 108 Poppy Hills Drive 12 21 2012 City State Zip Code Transaction ID: SA11AI.10949 TX Georgetown 78628 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) Full Name (Last, First, Middle Initial) c. Terry Harris Date of Receipt Mailing Address 5649 Autumn Chase Circle 07 2012 City State Zip Code Transaction ID: SA11AI.10839 FL Sanford 32773 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director - Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	Committee	
Full Name (Last, First, Middle Initial) Terry Harris Mailing Address 5649 Autumn Chase Circle City Sanford FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 32773 C Occupation Sr. Director - Ops Aggregate Year-to-Date ▼ 760.00	Date of Receipt 12 21 2012 Transaction ID: SA11AI.10950 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER CIRCLE City BUFORD FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) Other (specify)	State Zip Code GA 30519 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 450.00	Date of Receipt 12 07 2012 Transaction ID: SA11AI.10840 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER CIRCLE City BUFORD FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code GA 30519 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 500.00	Date of Receipt 12 21 2012 Transaction ID : SA11AI.10951 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)		140.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full)		
OmniCare, Inc. Politcal Action (Committee	
Full Name (Last, First, Middle Initial) A. Klaus A Hieber		Date of Receipt
Mailing Address 914 Ascot Dr.		12 07 2012
City	State Zip Code	Transaction ID : SA11AI.10841
Maineville	OH 45039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacist/President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) 3. Klaus A Hieber		Date of Receipt
Mailing Address 914 Ascot Dr.		12 212012
City	State Zip Code	12 21 2012 Transaction ID : SA11Al.10952
Maineville	OH 45039	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacist/President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial) C. Richard Hood		Date of Receipt
Mailing Address 3440 Brian Rd. South		12 07 2012 _
City	State Zip Code	Transaction ID : SA11AI.10842
Palm Harbor	FL 34685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Omnicare, Inc.	DCO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1800.00	
SUBTOTAL of Receipts This Page (optional)		140.00
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	nd Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	on Committee	
Full Name (Last, First, Middle Initial) A. Richard Hood Mailing Address, 3440 Brian Rd, South		Date of Receipt
Mailing Address 3440 Brian Rd. South		12 21 2012
City	State Zip Code	Transaction ID : SA11AI.10953
Palm Harbor	FL 34685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Omnicare, Inc.	DCO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	
	1500.00	
Full Name (Last, First, Middle Initial) Michael Inman		Date of Receipt
Mailing Address 5700 Columbia Ave.		12 07 2012
City	State Zip Code	Transaction ID : SA11AI.10845
St. Louis	MO 63139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation	-
Receipt For:	RVP	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) C. Michael Inman	·	Date of Receipt
Mailing Address 5700 Columbia Ave.		12 21 2012
City St. Louis	State Zip Code MO 63139	Transaction ID : SA11AI.10956 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
Omnicare, Inc.	RVP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	380.00	
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 07 2012 12 City State Zip Code Transaction ID: SA11AI.10846 MA Franklin 02038 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 12 21 2012 City State Zip Code Transaction ID: SA11AI.10957 MA Franklin 02038 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1900.00 Other (specify) Full Name (Last, First, Middle Initial) c. PATRICE L JOHNSON Date of Receipt Mailing Address 19423 HICKORY PL 07 2012 State Zip Code Transaction ID: SA11AI.10847 IL **COUNTRY CLUB HILLS** 60478 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **GENERAL MANAGER OMNICARE INC** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using 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) PATRICE L JOHNSON Date of Receipt Mailing Address 19423 HICKORY PL 2012 12 21 City State Zip Code Transaction ID: SA11AI.10958 **COUNTRY CLUB HILLS** IL 60478 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation OMNICARE INC GENERAL MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan J Klem Date of Receipt Mailing Address 12 07 2012 City State Zip Code Transaction ID: SA11AI.10850 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Susan J Klem Date of Receipt Mailing Address 12 21 2012 City State Zip Code Transaction ID: SA11AI.10961 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	nd Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	on Committee	
Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address, 153 B Remove Meadow I	Dood	Date of Receipt
Mailing Address 153 R Pomeroy Meadow I	KUAO	12 07 <u>Y = Y = Y = Y</u>
City	State Zip Code	Transaction ID : SA11AI.10851
Southampton	MA 01073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	-
Omnicare, Inc	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	420.00	
Full Name (Last, First, Middle Initial) Andrew H Kowal	1	Date of Receipt
Mailing Address 153 R Pomeroy Meadow F	Road	M = M / D = D / Y = Y = Y
City	State Zip Code	12 21 2012 Transaction ID : SA11AI.10962
Southampton	MA 01073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	-
Omnicare, Inc	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	430.00	
Full Name (Last, First, Middle Initial) C. Robert Kraft	1	Date of Receipt
Mailing Address 233 Burns Ave		12 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45215	Transaction ID : SA11AI.10852
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	100.00
Name of Employer	Occupation	1
Omnicare	СРА	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	2400.00	
SUBTOTAL of Receipts This Page (optional)	120.00
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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) Robert Kraft		Date of Receipt
Mailing Address 233 Burns Ave		12 21 2012
City	State Zip Code	Transaction ID : SA11AI.10963
Cincinnati	OH 45215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Omnicare	СРА	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Donna M Lecky	l	Date of Receipt
Mailing Address		12 07 2012
City	State Zip Code	Transaction ID : SA11AI.10856 Amount of Each Receipt this Period
FEC ID number of contributing		40.00
federal political committee.	C	40.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
Full Name (Last, First, Middle Initial) Donna M Lecky		Date of Receipt
Mailing Address		12 21 2012
City	State Zip Code	Transaction ID : SA11AI.10967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
	al)	180.00

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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) Patrick Lee Date of Receipt Mailing Address 831 Miami Ridge Dr. 07 2012 City State Zip Code Transaction ID: SA11AI.10857 OH Loveland 45140 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation VP-Investor Relations Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Lee Date of Receipt Mailing Address 831 Miami Ridge Dr. 12 21 2012 City State Zip Code Transaction ID: SA11AI.10968 OH Loveland 45140 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. **VP-Investor Relations** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Michael List Date of Receipt Mailing Address 10406 Caneel Ct. 07 2012 12 Zip Code City State Transaction ID: SA11AI.10858 NC Huntersville 28028 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **Pharmacist** Omnicare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional).....

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

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Michael List Date of Receipt Mailing Address 10406 Caneel Ct. 2012 12 21 City State Zip Code Transaction ID: SA11AI.10969 NC Huntersville 28028 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Lockard Date of Receipt Mailing Address 12 07 2012 City State Zip Code Transaction ID: SA11AI.10859 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) C. John Lockard Date of Receipt Mailing Address 21 2012 City State Zip Code Transaction ID: SA11AI.10970 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using 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) Lori C Neely Date of Receipt Mailing Address 1011 Glen Eagle Drive 07 2012 City State Zip Code Transaction ID: SA11AI.10868 CA Petaluma 94952 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare Pharmacist, Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lori C Neely Date of Receipt Mailing Address 1011 Glen Eagle Drive 12 21 2012 City State Zip Code Transaction ID: SA11AI.10979 CA Petaluma 94952 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare Pharmacist, Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. CHRISTOPHER PALEN Date of Receipt Mailing Address 158 WORKS ROAD 07 2012 City Zip Code State Transaction ID: SA11AI.10870 NY HONEOYE FALLS 14472 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **GENERAL MANAGER OMNICARE INC** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) CHRISTOPHER PALEN Date of Receipt Mailing Address 158 WORKS ROAD 2012 12 21 City Zip Code State Transaction ID: SA11AI.10981 NY HONEOYE FALLS 14472 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation OMNICARE INC GENERAL MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** DARREN PARKS Date of Receipt Mailing Address 3511 SORRENTO AVE 12 07 2012 City State Zip Code Transaction ID: SA11AI.10871 LOUISVILLE KY 40241 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation OMNICARE, INC GENERAL MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. DARREN PARKS Date of Receipt Mailing Address 3511 SORRENTO AVE 12 21 2012 City Zip Code State Transaction ID: SA11AI.10982 KY LOUISVILLE 40241 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **GENERAL MANAGER** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FO	R	LINE	NU	MBER	:	PAGE	= 3	32	OF	51
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Detailed Summary Page	>	<u> </u>	11a		11b		11c		12		_
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using 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) Mark E Price Date of Receipt Mailing Address 07 2012 City State Zip Code Transaction ID: SA11AI.10872 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark E Price Date of Receipt Mailing Address 21 2012 12 City State Zip Code Transaction ID: SA11AI.10983 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Richard J Raczka Date of Receipt Mailing Address 5770 Beachwood Trail 2012 07 Zip Code City State Transaction ID: SA11AI.10873 FL Fort Meyers 33919 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation **Pharmacist** Omnicare

SUBTOTAL of Receipts This Page (optional)							60	
TOTAL This Period (last page this line number only)		_	7		7		_	

960.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 33 OF 51 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Dr. Richard J Raczka Date of Receipt Mailing Address 5770 Beachwood Trail 2012 12 21 City State Zip Code Transaction ID: SA11AI.10984 FL Fort Meyers 33919 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Pharmacist Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Rappa Date of Receipt Mailing Address 1 Crimson Ct. 12 07 2012 City State Zip Code Transaction ID: SA11AI.10874 MA Saugus 01906 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. RVP Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen Rappa Date of Receipt Mailing Address 1 Crimson Ct. 14 2012 City State Zip Code Transaction ID: SA11AI.11024 MA Saugus 01906 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation RVP Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any progression of the name and address of any political committees	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	on Committee	
Full Name (Last, First, Middle Initial) Stephen Rappa Mailing Address 1 Crimson Ct. City Saugus FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) General Other (specify)	State Zip Code MA 01906 C Occupation RVP Aggregate Year-to-Date ▼ 360.00	Date of Receipt 12 21 2012 Transaction ID: SA11AI.10985 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Stephen Rappa Mailing Address 1 Crimson Ct. City Saugus FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code MA 01906 C Occupation RVP Aggregate Year-to-Date ▼	Date of Receipt 12 28 2012 Transaction ID: SA11AI.10915 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Amy Roberts Mailing Address 3418 Cardiff Ave. City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45209 C Occupation Sr. Sales Director Aggregate Year-to-Date ▼ 360.00	Date of Receipt 12 07 2012 Transaction ID : SA11AI.10877 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional	ıl))	40.00
TOTAL This Period (last page this line num	nber only)	

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Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	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. Politcal Action Committee Full Name (Last, First, Middle Initial) Amy Roberts Date of Receipt Mailing Address 3418 Cardiff Ave. 2012 21 City State Zip Code Transaction ID: SA11AI.10988 OH Cincinnati 45209 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Sr. Sales Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Schleigh Date of Receipt Mailing Address 12 07 2012 City State Zip Code Transaction ID: SA11AI.10878 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Bi-weekly Payroll Deduction - \$25 Receipt For: Aggregate Year-to-Date ▼ Primary General 920.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Schleigh Date of Receipt Mailing Address 2012 12 21 City State Zip Code Transaction ID: SA11AI.10989 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Bi-weekly Payroll Deduction - \$25

100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

960.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 36 OF Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action C	Committee	
Full Name (Last, First, Middle Initial) Rolf Schrader Mailing Address 4140 North Moor Rd City Toledo FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) Other (specify)	State Zip Code OH 43606 C Occupation Pharmacist Aggregate Year-to-Date ▼	Date of Receipt 12 07 2012 Transaction ID: SA11AI.10879 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Rolf Schrader Mailing Address 4140 North Moor Rd City Toledo FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 43606 C Occupation Pharmacist Aggregate Year-to-Date ▼ 760.00	Date of Receipt 12 21 2012 Transaction ID: SA11AI.10990 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) MARK J SCHRODER Mailing Address 30 Sentinel Drive City WILDER FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Other (specify)	State Zip Code KY 41076 C Occupation PHARMASIST Aggregate Year-to-Date ▼ 340.00	Date of Receipt 12 07 2012 Transaction ID : SA11AI.10880 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of	<u> </u>	100.00

FOR LINE NUMBER: PAGE 37 OF 51 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) MARK J SCHRODER Date of Receipt Mailing Address 30 Sentinel Drive 2012 12 21 City State Zip Code Transaction ID: SA11AI.10991 KY **WILDER** 41076 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation **OMNICARE PHARMASIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas Stieritz Date of Receipt Mailing Address 3436 Lake Vista Ct. 12 07 2012 City State Zip Code Transaction ID: SA11AI.10884 OH Hamilton 45011 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. SVP/GM Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Stieritz Date of Receipt Mailing Address 3436 Lake Vista Ct. 12 21 2012 City State Zip Code Transaction ID: SA11AI.10995 OH Hamilton 45011 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation SVP/GM Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 38 OF 51 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Jaclyn Stricklin Date of Receipt Mailing Address 116 Virginia Avenue 07 2012 City Zip Code State Transaction ID: SA11AI.10885 MD **Baltimore** 21221 Amount of Each Receipt this Period FEC ID number of contributing C 12.40 federal political committee. Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 297.60 Other (specify) Full Name (Last, First, Middle Initial) B. Jaclyn Stricklin Date of Receipt Mailing Address 116 Virginia Avenue 12 21 2012 City State Zip Code Transaction ID: SA11AI.10996 MD **Baltimore** 21221 Amount of Each Receipt this Period FEC ID number of contributing 12.40 federal political committee. Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 310.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBIN TAYLOR Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 07 2012 Zip Code State Transaction ID: SA11AI.10887 IN **INDIANAPOLIS** 46237 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **PHARMACIST** OMNICARE INC Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 44.80 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 39 OF 51 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) **ROBIN TAYLOR** Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 2012 12 21 City Zip Code State Transaction ID: SA11AI.10998 IN **INDIANAPOLIS** 46237 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation OMNICARE INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** SCOTT THAYER Date of Receipt Mailing Address 12677 TRAM LANE 12 07 2012 City State Zip Code Transaction ID: SA11AI.10888 **CARMEL** IN 46032 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation OMNICARE, INC MANAGEMENT Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. SCOTT THAYER Date of Receipt Mailing Address 12677 TRAM LANE 21 2012 City Zip Code State Transaction ID: SA11AI.10999 IN CARMEL 46032 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MANAGEMENT OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

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51

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Daniel A. Thomas Date of Receipt Mailing Address 07 2012 City State Zip Code Transaction ID: SA11AI.10889 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel A. Thomas Date of Receipt Mailing Address 12 21 2012 City State Zip Code Transaction ID: SA11AI.11000 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gina Timmons Date of Receipt Mailing Address 4201 Pleasanton Rd 2012 07 City Zip Code State Transaction ID: SA11AI.10890 OH Englewood 45322 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP of Customer Facing Technology Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	n Committee	
Full Name (Last, First, Middle Initial) Gina Timmons Mailing Address 4004 Placester Pd		Date of Receipt
Mailing Address 4201 Pleasanton Rd		12 21 2012 1
City	State Zip Code	Transaction ID : SA11AI.11001
Englewood	OH 45322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare	VP of Customer Facing Technology	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. SONYA TREZEVANT		Date of Receipt
Mailing Address 2429 HAMPTON PL		12 072012
City	State Zip Code	Transaction ID : SA11AI.10891
FT. MITCHELL	KY 41017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer OMNICARE	Occupation	1
	VP OF MARKETING	-
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) SONYA TREZEVANT		Date of Receipt
Mailing Address 2429 HAMPTON PL		12 21 2012
City FT. MITCHELL	State Zip Code KY 41017	Transaction ID : SA11AI.11002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	-
OMNICARE	VP OF MARKETING	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Cirier (specify)	250.00	
SUBTOTAL of Receipts This Page (optional).	·····	40.00
TOTAL This Period (last page this line numb	er only)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Thomas Trite Date of Receipt Mailing Address 6512 Windmere Rd 07 2012 City State Zip Code Transaction ID: SA11AI.10892 PΑ Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Trite Date of Receipt Mailing Address 6512 Windmere Rd 12 21 2012 City State Zip Code Transaction ID: SA11AI.11003 PA Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 07 2012 City Zip Code State Transaction ID: SA11AI.10894 IN **OSCEOLA** 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation **PHARMACIST** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 105.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 43 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	mmittee	
Name of Employer OMNICARE, INC Receipt For: Primary Other (specify) ▼ Other (specify) ▼	State Zip Code IN 46561 C ccupation HARMACIST ggregate Year-to-Date ▼	Date of Receipt 12 21 2012 Transaction ID : SA11AI.11005 Amount of Each Receipt this Period 25.00
Name of Employer Omnicare D Receipt For:	State Zip Code TX 77007 C ccupation visional CFO - West ggregate Year-to-Date ▼	Date of Receipt 12 07 2012 Transaction ID : SA11AI.10895 Amount of Each Receipt this Period 10.00
Name of Employer Comnicare Descript For:	State Zip Code TX 77007 C ccupation ivisional CFO - West ggregate Year-to-Date ▼ 250.00	Date of Receipt 12 21 2012 Transaction ID : SA11AI.11006 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		45.00
TOTAL This Period (last page this line number only	·)	

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Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16	717

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) Denise Von Dohren Date of Receipt Mailing Address 10 Harvest Dr. 07 2012 City State Zip Code Transaction ID: SA11AI.10898 PΑ Barto 19504 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP, Access Solutions Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Von Dohren Date of Receipt Mailing Address 10 Harvest Dr. 12 21 2012 City State Zip Code Transaction ID: SA11AI.11009 PA Barto 19504 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Access Solutions Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial) Timmy Waters		Date of Receipt
Mailing Address		12 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.10899 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	
Bi-weekly Payroll Deduction - \$15		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....

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

55.00

C

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for each category of the Detailed Summary Page	X	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.

or for commercial purposes, other than using t	he name and address of any political committee to	5 SOUCH COMMUNICHS HOME SUCH COMMUNICE.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	n Committee	
Full Name (Last, First, Middle Initial) Timmy Waters Mailing Address		Date of Receipt
City	State Zip Code	12 21 2012 Transaction ID : SA11AI.11010 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15.00
Name of Employer Bi-weekly Payroll Deduction - \$15	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) 3. Robert Weir		Date of Receipt
Mailing Address 4100 Napanee Road City Louisville	State Zip Code KY 40207	12 07 2012 Transaction ID : SA11AI.10900 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare	Occupation Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) C. Robert Weir		Date of Receipt
Mailing Address 4100 Napanee Road		12 21 2012
City Louisville	State Zip Code KY 40207	Transaction ID : SA11AI.11011 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer Omnicare Receipt For:	Occupation Pharmacist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional).		55.00
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using 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) Thomas Weiss Date of Receipt Mailing Address 1601 Springdale Road 07 2012 City State Zip Code Transaction ID: SA11AI.10901 Cherry Hill NJ 08003 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Product Manager/Business Process Archi Omnicare. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Weiss Date of Receipt Mailing Address 1601 Springdale Road 12 21 2012 City State Zip Code Transaction ID: SA11AI.11012 Cherry Hill NJ 08003 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc Product Manager/Business Process Archi Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. David West Date of Receipt Mailing Address 80 Camelot Ridge Dr. 2012 07 Zip Code City State Transaction ID: SA11AI.10902 FL Brandon 33511 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee.

SUBTOTAL of Receipts This Page (optional)			7	I		7	I		40.0)	
TOTAL This Period (last page this line number only)			7	Ξ	Ξ	7	_	Ι			

360.00

Occupation

Aggregate Year-to-Date ▼

Manager

Name of Employer

Primary

Other (specify)

General

Omnicare, Inc.

Receipt For:

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 47 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action (Committee	
Full Name (Last, First, Middle Initial) David West Mailing Address 80 Camelot Ridge Dr. City Brandon FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33511 C Occupation Manager Aggregate Year-to-Date ▼ 380.00	Date of Receipt 12 21 2012 Transaction ID: SA11AI.11013 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Craig E White Mailing Address 1790 263 Street City Milan FEC ID number of contributing federal political committee. Name of Employer	State Zip Code IL 61264 C	Date of Receipt 12 07 2012 Transaction ID: SA11Al.10903 Amount of Each Receipt this Period
Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Pharmacist Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Craig E White Mailing Address 1790 263 Street	20 O d	Date of Receipt 12 21 2012
City Milan FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code IL 61264 C Occupation Pharmacist Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)		40.00
TOTAL This Period (last page this line number of	only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 48 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	Committee	
Full Name (Last, First, Middle Initial) Michael W Williams Mailing Address 10451 Oak Leaf St. City Largo FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify)	State Zip Code FL 33774 C Occupation Consultant Pharmacist Aggregate Year-to-Date ▼	Date of Receipt 12 07 2012 Transaction ID: SA11AI.10906 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Michael W Williams Mailing Address 10451 Oak Leaf St. City Largo FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify)	State Zip Code FL 33774 C Occupation Consultant Pharmacist Aggregate Year-to-Date ▼ 250.00	Date of Receipt 12 21 2012 Transaction ID : SA11AI.11017 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) MICHAEL WOOD Mailing Address 3458 MIDAS RIDGE LANE City RIVERTON FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code UT 84065 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 420.00	Date of Receipt 12 07 2012 Transaction ID : SA11AI.10909 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)		40.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 49 OF 51 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) MICHAEL WOOD Date of Receipt Mailing Address 3458 MIDAS RIDGE LANE 2012 12 21 City State Zip Code Transaction ID: SA11AI.11019 UT **RIVERTON** 84065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation OMNICARE INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 12 07 2012 City State Zip Code Transaction ID: SA11AI.10910 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Omnicare, Inc. **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 21 2012 City Zip Code State Transaction ID: SA11AI.11020 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation CFO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 3125.00 Other (specify) 270.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page	×	11a		11b		11c		12					
		13		14		15		16		17			

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NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	Committee	
Full Name (Last, First, Middle Initial) Jennifer Yowler	Date of Receipt	
Mailing Address 6193 Terrey Pines Ct.		12 07 2012
City Mason	State Zip Code OH 45040	Transaction ID : SA11AI.10911 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation Divisional CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Jennifer Yowler		Date of Receipt
Mailing Address 6193 Terrey Pines Ct.		12 21 2012
City Mason	State Zip Code OH 45040	Transaction ID : SA11AI.11021 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation Divisional CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
Full Name (Last, First, Middle Initial) C. MICHAEL ZANDRI		Date of Receipt
Mailing Address 8215 ROYAL SCARLET DRIVE		12 07 2012
City BALDWINSVILLE	State Zip Code NY 13027	Transaction ID : SA11AI.10912 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer OMNICARE INC	Occupation PHARMACIST/AREA MANAGER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)		55.00
TOTAL This Period (last page this line numbe	r only)	

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Use separate schedule(s)	(check only one)				
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Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to				
NAME OF COMMITTEE (In Full)					
OmniCare, Inc. Politcal Action C	Committee				
Full Name (Last, First, Middle Initial) A. MICHAEL ZANDRI	Date of Receipt				
Mailing Address 8215 ROYAL SCARLET DRIVE		12 21 2012			
City	State Zip Code	Transaction ID : SA11AI.11022			
BALDWINSVILLE	NY 13027	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	15.00			
Name of Employer	Occupation				
OMNICARE INC	PHARMACIST/AREA MANAGER				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	00 0				
Other (specify) ▼	375.00				
Full Name (Last, First, Middle Initial) Barbara J Zarowitz		Date of Receipt			
Mailing Address 4551 Old Orchard Trail		12 07 2012 _			
City	State Zip Code	Transaction ID : SA11AI.10913			
Orchard Lake	MI 48324	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	40.00			
Name of Employer	Occupation				
Omnicare, Inc.	Chief Clinical Officer				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00				
Full Name (Last, First, Middle Initial)					
Barbara J Zarowitz		Date of Receipt			
Mailing Address 4551 Old Orchard Trail		12 21 2012			
City	State Zip Code	Transaction ID : SA11AI.11023			
Orchard Lake	MI 48324	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	40.00			
Name of Employer	Occupation				
Omnicare, Inc.	Chief Clinical Officer				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	760.00				
SUBTOTAL of Receipts This Page (optional)	•	95.00			
TOTAL This Period (last page this line number of	only)	4318.80			