

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

OmniCare, Inc. Political Action Committee

ADDRESS (number and street)

201 E. Fourth Street

900 Omnicare Center

☐ Check if different than previously reported. (ACC)

Cincinnati

OH

45202

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End 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 ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on / / in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
POST-Election Report for the:

Election on / / in the State of

5. Covering Period / / through / /

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 Regis T Robbins

Signature of Treasurer

Regis T Robbins

[Electronically Filed]

Date

01 / 31 / 2013

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 / D D / Y Y Y Y Y Y
11 / 27 / 2012 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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)

Page 3

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4318.80	48854.61
(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 Totals to Line 33, page 5)	5130.80	72435.69
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	-3555.23
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 Transfers (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))	5130.80	68880.46
20. 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	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(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 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.....	0.00	49500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	0.00	49500.00
32. 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 Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5130.80	72435.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5130.80	72435.69
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	-3555.23
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	3555.23

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

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

FOR LINE NUMBER: PAGE 6 OF 51
(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

Full Name (Last, First, Middle Initial)

A. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
 Plainfield IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10807

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
 Plainfield IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.10916

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Todd Anderson

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10808

Amount of Each Receipt this Period

20.00

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

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

50.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Todd Anderson

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10917

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Michael Arnold

Mailing Address 71 Sentry Drive

City

State

Zip Code

Wilder

KY

41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10809

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Michael Arnold

Mailing Address 71 Sentry Drive

City

State

Zip Code

Wilder

KY

41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10918

Amount of Each Receipt this Period

40.00

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

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

100.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel Baker

Mailing Address 1518 Martock Lane

City State Zip Code
Hanover MD 21076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 07 2012

Transaction ID : SA11AI.10810

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Daniel Baker

Mailing Address 1518 Martock Lane

City State Zip Code
Hanover MD 21076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : SA11AI.10919

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
Royersford PA 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 ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 07 2012

Transaction ID : SA11AI.10811

Amount of Each Receipt this Period

200.00

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

220.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.10920

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 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 ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2012

Transaction ID : SA11AI.10914

Amount of Each Receipt this Period

-200.00

Full Name (Last, First, Middle Initial)

C. Darold R. Barnes

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Bi-weekly Payroll Deduction - \$15

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10812

Amount of Each Receipt this Period

40.00

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

40.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Darold R. Barnes

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$15

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10921

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Alan Bell

Mailing Address 10776 221st Lane
NE

City State Zip Code
Redmond WA 98053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare, Inc.

Senior Director - Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10813

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Alan Bell

Mailing Address 10776 221st Lane
NE

City State Zip Code
Redmond WA 98053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare, Inc.

Senior Director - Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10922

Amount of Each Receipt this Period

20.00

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

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

80.00

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan D Borman

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.10814

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Jonathan D Borman

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11Al.10923

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Barry Bress

Mailing Address 3105 Story Book Ct.

City

State

Zip Code

Elliot City

MD

21042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare, Inc.

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.10816

Amount of Each Receipt this Period

20.00

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

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

50.00

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barry Bress

Mailing Address 3105 Story Book Ct.

City State Zip Code
Elliot City MD 21042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : SA11Al.10925

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Ross Brickley

Mailing Address 5408 Quetzel Ct.

City State Zip Code
Garner NC 27529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 07 2012

Transaction ID : SA11Al.10817

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Ross Brickley

Mailing Address 5408 Quetzel Ct.

City State Zip Code
Garner NC 27529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : SA11Al.10926

Amount of Each Receipt this Period

40.00

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

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

100.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randall Carpenter

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.10820

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Randall Carpenter

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11Al.10929

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Mark P Celebre

Mailing Address 3800 - 5th Place

City

State

Zip Code

Kenosha

WI

53144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare, Inc.

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.10822

Amount of Each Receipt this Period

20.00

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

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

220.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 14 OF 51
(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

Full Name (Last, First, Middle Initial)

A. Mark P Celebre

Mailing Address 3800 - 5th Place

City State Zip Code
 Kenosha WI 53144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.10931

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jeremy Colvin

Mailing Address 8514 Watterson Trail

City State Zip Code
 Louisville KY 40299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10823

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jeremy Colvin

Mailing Address 8514 Watterson Trail

City State Zip Code
 Louisville KY 40299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.10932

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 15 OF 51
(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

Full Name (Last, First, Middle Initial)

A. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10826

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10937

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. W G Erwin

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10828

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. W G Erwin

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11Al.10939

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MELINDA FERRIS

Mailing Address 2036 BERKSHIRE RD

City

State

Zip Code

COLUMBUS

OH

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OMNICARE INC

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.10830

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MELINDA FERRIS

Mailing Address 2036 BERKSHIRE RD

City

State

Zip Code

COLUMBUS

OH

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OMNICARE INC

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11Al.10941

Amount of Each Receipt this Period

40.00

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

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

180.00

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

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

FOR LINE NUMBER: PAGE 17 OF 51
(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

Full Name (Last, First, Middle Initial)

A. Robert Foley

Mailing Address 9692 Calliope Lane

City State Zip Code
 Shreveport LA 71115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10831

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Robert Foley

Mailing Address 9692 Calliope Lane

City State Zip Code
 Shreveport LA 71115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.10942

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Jeffrey M Garrett

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10832

Amount of Each Receipt this Period

10.00

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

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

50.00

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Jeffrey M Garrett

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10943

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Steven D Gates

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10833

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Steven D Gates

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10944

Amount of Each Receipt this Period

20.00

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

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

50.00

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

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

FOR LINE NUMBER: PAGE 19 OF 51

(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

Full Name (Last, First, Middle Initial)

A. Bernard Gelbard

Mailing Address 18 Inverness Drive

City State Zip Code
 New City NY 10956

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10834

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. Bernard Gelbard

Mailing Address 18 Inverness Drive

City State Zip Code
 New City NY 10956

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.10945

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

c. John Gould

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10837

Amount of Each Receipt this Period

100.00

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

124.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 51
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Gould

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : SA11AI.10948

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Roberta Halverson

Mailing Address 108 Poppy Hills Drive

City State Zip Code

Georgetown TX 78628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : SA11AI.10949

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Terry Harris

Mailing Address 5649 Autumn Chase Circle

City State Zip Code

Sanford FL 32773

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare, Inc.

Sr. Director - Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 07 2012

Transaction ID : SA11AI.10839

Amount of Each Receipt this Period

40.00

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

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

150.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry Harris

Mailing Address 5649 Autumn Chase Circle

City Sanford State FL Zip Code 32773

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director - Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

12 / 21 / 2012

Transaction ID : SA11Al.10950

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City BUFORD State GA Zip Code 30519

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

12 / 07 / 2012

Transaction ID : SA11Al.10840

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City BUFORD State GA Zip Code 30519

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 21 / 2012

Transaction ID : SA11Al.10951

Amount of Each Receipt this Period

50.00

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

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

140.00

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Klaus A Hieber

Mailing Address 914 Ascot Dr.

City State Zip Code
 Maineville OH 45039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : SA11AI.10841

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Klaus A Hieber

Mailing Address 914 Ascot Dr.

City State Zip Code
 Maineville OH 45039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 21 / 2012

Transaction ID : SA11AI.10952

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Richard Hood

Mailing Address 3440 Brian Rd. South

City State Zip Code
 Palm Harbor FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : SA11AI.10842

Amount of Each Receipt this Period

100.00

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

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

140.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 51

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Hood

Mailing Address 3440 Brian Rd. South

City

Palm Harbor

State

FL

Zip Code

34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11Al.10953

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael Inman

Mailing Address 5700 Columbia Ave.

City

St. Louis

State

MO

Zip Code

63139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.10845

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michael Inman

Mailing Address 5700 Columbia Ave.

City

St. Louis

State

MO

Zip Code

63139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11Al.10956

Amount of Each Receipt this Period

20.00

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

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

140.00

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

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

FOR LINE NUMBER: PAGE 24 OF 51
(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

Full Name (Last, First, Middle Initial)

A. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City State Zip Code
Franklin MA 02038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 07 2012

Transaction ID : SA11AI.10846

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City State Zip Code
Franklin MA 02038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : SA11AI.10957

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. PATRICE L JOHNSON

Mailing Address 19423 HICKORY PL

City State Zip Code
COUNTRY CLUB HILLS IL 60478

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 07 2012

Transaction ID : SA11AI.10847

Amount of Each Receipt this Period

10.00

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

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

210.00

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

Use separate schedule(s)
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(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

Full Name (Last, First, Middle Initial)

A. PATRICE L JOHNSON

Mailing Address 19423 HICKORY PL

City State Zip Code
COUNTRY CLUB HILLS IL 60478

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : SA11AI.10958

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Susan J Klem

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 07 2012

Transaction ID : SA11AI.10850

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Susan J Klem

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : SA11AI.10961

Amount of Each Receipt this Period

20.00

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

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

50.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10851

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.10962

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10852

Amount of Each Receipt this Period

100.00

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

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

120.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10963

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Donna M Lecky

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10856

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

c. Donna M Lecky

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10967

Amount of Each Receipt this Period

40.00

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

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

180.00

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

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

FOR LINE NUMBER: PAGE 28 OF 51
(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

Full Name (Last, First, Middle Initial)

A. Patrick Lee

Mailing Address 831 Miami Ridge Dr.

City State Zip Code
Loveland OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP-Investor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10857

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Patrick Lee

Mailing Address 831 Miami Ridge Dr.

City State Zip Code
Loveland OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP-Investor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10968

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Michael List

Mailing Address 10406 Caneel Ct.

City State Zip Code
Huntersville NC 28028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10858

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)..... ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 51
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael List

Mailing Address 10406 Caneel Ct.

City State Zip Code
 Huntersville NC 28028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.10969

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. John Lockard

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10859

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. John Lockard

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.10970

Amount of Each Receipt this Period

20.00

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

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

60.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lori C Neely

Mailing Address 1011 Glen Eagle Drive

City State Zip Code
Petaluma CA 94952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist, Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.10868

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lori C Neely

Mailing Address 1011 Glen Eagle Drive

City State Zip Code
Petaluma CA 94952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist, Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11Al.10979

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER PALEN

Mailing Address 158 WORKS ROAD

City State Zip Code
HONEOYE FALLS NY 14472

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.10870

Amount of Each Receipt this Period

10.00

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

30.00

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

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

Use separate schedule(s)
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(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

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER PALEN

Mailing Address 158 WORKS ROAD

City State Zip Code
HONEOYE FALLS NY 14472

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10981

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City State Zip Code
LOUISVILLE KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10871

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City State Zip Code
LOUISVILLE KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10982

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark E Price

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10872

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Mark E Price

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10983

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard J Raczka

Mailing Address 5770 Beachwood Trail

City State Zip Code
Fort Meyers FL 33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10873

Amount of Each Receipt this Period

40.00

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

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

60.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard J Raczka

Mailing Address 5770 Beachwood Trail

City State Zip Code
Fort Meyers FL 33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2012

Transaction ID : SA11Al.10984

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code
Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 07 2012

Transaction ID : SA11Al.10874

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code
Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 14 2012

Transaction ID : SA11Al.11024

Amount of Each Receipt this Period

10.00

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 34 OF 51
(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

Full Name (Last, First, Middle Initial)

A. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code
Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : SA11Al.10985

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code
Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 28 2012

Transaction ID : SA11Al.10915

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Amy Roberts

Mailing Address 3418 Cardiff Ave.

City State Zip Code
Cincinnati OH 45209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 07 2012

Transaction ID : SA11Al.10877

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)..... ►

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

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

FOR LINE NUMBER: PAGE 35 OF 51
(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

Full Name (Last, First, Middle Initial)

A. Amy Roberts

Mailing Address 3418 Cardiff Ave.

City State Zip Code
 Cincinnati OH 45209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.10988

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas Schleigh

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bi-weekly Payroll Deduction - \$25

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10878

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

c. Thomas Schleigh

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bi-weekly Payroll Deduction - \$25

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.10989

Amount of Each Receipt this Period

40.00

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

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

100.00

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

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

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(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

Full Name (Last, First, Middle Initial)

A. Rolf Schrader

Mailing Address 4140 North Moor Rd

City State Zip Code
Toledo OH 43606

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.10879

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Rolf Schrader

Mailing Address 4140 North Moor Rd

City State Zip Code
Toledo OH 43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11Al.10990

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MARK J SCHRODER

Mailing Address 30 Sentinel Drive

City State Zip Code
WILDER KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

PHARMASIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.10880

Amount of Each Receipt this Period

20.00

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

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

100.00

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

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

FOR LINE NUMBER: PAGE 37 OF 51
(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

Full Name (Last, First, Middle Initial)

A. MARK J SCHRODER

Mailing Address 30 Sentinel Drive

City State Zip Code
WILDER KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

PHARMASIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : SA11AI.10991

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas Stieritz

Mailing Address 3436 Lake Vista Ct.

City State Zip Code
Hamilton OH 45011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 07 2012

Transaction ID : SA11AI.10884

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas Stieritz

Mailing Address 3436 Lake Vista Ct.

City State Zip Code
Hamilton OH 45011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : SA11AI.10995

Amount of Each Receipt this Period

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

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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

Full Name (Last, First, Middle Initial)

A. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City State Zip Code
 Baltimore MD 21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.60

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10885

Amount of Each Receipt this Period

12.40

Full Name (Last, First, Middle Initial)

B. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City State Zip Code
 Baltimore MD 21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.10996

Amount of Each Receipt this Period

12.40

Full Name (Last, First, Middle Initial)

C. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City State Zip Code
 INDIANAPOLIS IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10887

Amount of Each Receipt this Period

20.00

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

44.80

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

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

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

FOR LINE NUMBER: PAGE 39 OF 51
(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

Full Name (Last, First, Middle Initial)

A. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City State Zip Code
INDIANAPOLIS IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10998

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. SCOTT THAYER

Mailing Address 12677 TRAM LANE

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10888

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. SCOTT THAYER

Mailing Address 12677 TRAM LANE

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.10999

Amount of Each Receipt this Period

10.00

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

40.00

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:
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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

Full Name (Last, First, Middle Initial)

A. Daniel A. Thomas

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.10889

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Daniel A. Thomas

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11Al.11000

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Gina Timmons

Mailing Address 4201 Pleasanton Rd

City State Zip Code
Englewood OH 45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare

VP of Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.10890

Amount of Each Receipt this Period

20.00

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

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

60.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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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

Full Name (Last, First, Middle Initial)

A. Gina Timmons

Mailing Address 4201 Pleasanton Rd

City

Englewood

State

OH

Zip Code

45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

VP of Customer Facing Technology

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.11001

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. SONYA TREZEVANT

Mailing Address 2429 HAMPTON PL

City

FT. MITCHELL

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

VP OF MARKETING

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10891

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. SONYA TREZEVANT

Mailing Address 2429 HAMPTON PL

City

FT. MITCHELL

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

VP OF MARKETING

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.11002

Amount of Each Receipt this Period

10.00

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

40.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 51
(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

Full Name (Last, First, Middle Initial)

A. Thomas Trite

Mailing Address 6512 Windmere Rd

City State Zip Code
Harrisburg PA 17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10892

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Thomas Trite

Mailing Address 6512 Windmere Rd

City State Zip Code
Harrisburg PA 17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.11003

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10894

Amount of Each Receipt this Period

25.00

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

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

105.00

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

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

FOR LINE NUMBER: PAGE 43 OF 51
(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

Full Name (Last, First, Middle Initial)

A. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
 OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.11005

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. William P Tucker

Mailing Address 5807 Washington Ave

City State Zip Code
 Houston TX 77007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Divisional CFO - West

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10895

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. William P Tucker

Mailing Address 5807 Washington Ave

City State Zip Code
 Houston TX 77007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Divisional CFO - West

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.11006

Amount of Each Receipt this Period

10.00

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

45.00

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

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

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

FOR LINE NUMBER: PAGE 44 OF 51
(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

Full Name (Last, First, Middle Initial)

A. Denise Von Dohren

Mailing Address 10 Harvest Dr.

City State Zip Code
 Barto PA 19504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Access Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : SA11AI.10898

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Denise Von Dohren

Mailing Address 10 Harvest Dr.

City State Zip Code
 Barto PA 19504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Access Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 21 / 2012

Transaction ID : SA11AI.11009

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Timmy Waters

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bi-weekly Payroll Deduction - \$15

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : SA11AI.10899

Amount of Each Receipt this Period

15.00

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

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

55.00

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

Use separate schedule(s)
for each category of the
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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

Full Name (Last, First, Middle Initial)

A. Timmy Waters

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$15

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.11010

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Robert Weir

Mailing Address 4100 Napanee Road

City

State

Zip Code

Louisville

KY

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11AI.10900

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Robert Weir

Mailing Address 4100 Napanee Road

City

State

Zip Code

Louisville

KY

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Omnicare

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11AI.11011

Amount of Each Receipt this Period

20.00

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

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

55.00

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

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

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(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

Full Name (Last, First, Middle Initial)

A. Thomas Weiss

Mailing Address 1601 Springdale Road

City State Zip Code
 Cherry Hill NJ 08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Product Manager/Business Process Archi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10901

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Thomas Weiss

Mailing Address 1601 Springdale Road

City State Zip Code
 Cherry Hill NJ 08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Product Manager/Business Process Archi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.11012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. David West

Mailing Address 80 Camelot Ridge Dr.

City State Zip Code
 Brandon FL 33511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10902

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)..... ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 51
(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

Full Name (Last, First, Middle Initial)

A. David West

Mailing Address 80 Camelot Ridge Dr.

City State Zip Code
 Brandon FL 33511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.11013

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Craig E White

Mailing Address 1790 263 Street

City State Zip Code
 Milan IL 61264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10903

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Craig E White

Mailing Address 1790 263 Street

City State Zip Code
 Milan IL 61264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.11014

Amount of Each Receipt this Period

10.00

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

40.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael W Williams

Mailing Address 10451 Oak Leaf St.

City State Zip Code
Largo FL 33774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Consultant 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
12 / 07 / 2012

Transaction ID : SA11Al.10906

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Michael W Williams

Mailing Address 10451 Oak Leaf St.

City State Zip Code
Largo FL 33774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Consultant Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11Al.11017

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City State Zip Code
RIVERTON UT 84065

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.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)..... ►

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

Use separate schedule(s)
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Detailed Summary Page

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(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

Full Name (Last, First, Middle Initial)

A. MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City State Zip Code
 RIVERTON UT 84065

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.11019

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 07 2012

Transaction ID : SA11AI.10910

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 21 2012

Transaction ID : SA11AI.11020

Amount of Each Receipt this Period

125.00

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

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

270.00

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

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

FOR LINE NUMBER: PAGE 50 OF 51
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Yowler

Mailing Address 6193 Terrey Pines Ct.

City State Zip Code
Mason OH 45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Divisional CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.10911

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jennifer Yowler

Mailing Address 6193 Terrey Pines Ct.

City State Zip Code
Mason OH 45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Divisional CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : SA11Al.11021

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SA11Al.10912

Amount of Each Receipt this Period

15.00

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

55.00

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 51 OF 51
(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

Full Name (Last, First, Middle Initial)

A. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2012

Transaction ID : SA11AI.11022

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Barbara J Zarowitz

Mailing Address 4551 Old Orchard Trail

City State Zip Code
Orchard Lake MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 07 2012

Transaction ID : SA11AI.10913

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Barbara J Zarowitz

Mailing Address 4551 Old Orchard Trail

City State Zip Code
Orchard Lake MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2012

Transaction ID : SA11AI.11023

Amount of Each Receipt this Period

40.00

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

95.00

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

4318.80