Image# 12970294658 PAGE 1 / 128

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

| | | | | | | Office Use | e Only |
|---|--------------------|---------------------------------|--------------------------------|------------------|--------------|---------------|---|
| 1. NAME OF T COMMITTEE (in full) | YPE OR PRINT | | mple: If typir r the lines. | ng, type | 12FE4M | 5 | |
| OmniCare, Inc. Politcal | Action Con | nmittee | | | | | |
| | | | | | | | |
| ADDRESS (number and street) | 1600 River Cen | ter II | | | | | |
| Check if different | 100 East River | Center Blvd | | | | | |
| than previously reported. (ACC) | Covington | | | | KY | 41101 | |
| 2. FEC IDENTIFICATION NUM | /IBER ▼ | CITY 🛦 | | 5 | STATE 🛦 | ; | ZIP CODE 🛦 |
| C C00392886 | | 3. IS THIS REPORT | \ \ \ | NEW OR | | AMENDED A) | |
| 4. TYPE OF REPORT (Choose One) | (b) Monthly Report | Feb 20 (M2) | | May 20 (M5) | Au | g 20 (M8) | Nov 20 (M11) (Non-Election Year Only) |
| (a) Quarterly Reports: | Due On: | Mar 20 (M3) | | Jun 20 (M6) | | p 20 (M9) | Dec 20 (M12) (Non-Election Year Only) |
| April 15 | | Apr 20 (M4) | | Jul 20 (M7) | Oc | et 20 (M10) | Jan 31 (YE) |
| Quarterly Report (Q1) July 15 Quarterly Report (Q2) | (C) 12-Da | Election | Primary (12F | | 4 | al (12G) | Runoff (12R) |
| October 15 Quarterly Report (Q3) | | rt for the: | Convention (| 120) | Specia | 1 (128) | |
| X January 31 Year-End Report (YE | | Election on | M M / | D D / | Y | Y | in the State of |
| July 31 Mid-Year Report (Non-election Year Only) (MY) | | αy Γ-Election rt for the: | General (300 | G) | Runoff | (30R) | Special (30S) |
| Termination Report (TER) | Поро | Election on | M - M / | D = D / | Y | Y | in the State of |
| 5. Covering Period 07 | / D D / 01 | 2011 | through | 12 | 31 | / Y Y 201 | |
| certify that I have examined this | Report and to | the best of my kno | wledge and l | pelief it is tru | e, correct a | nd complete | e. |
| Type or Print Name of Treasurer | Thomas R Mars | sh | | | | | |
| Signature of Treasurer Thomas | s R Marsh | | [Electronically | Filed] D | ate 01 | M / 31 | 2012 |
| NOTE: Submission of false, erroneo | ous, or incomplete | e information may su | ubject the pers | son signing th | is Report to | the penaltie | es of 2 U.S.C. §437g. |
| Office Use Only | | | | | | | FORM 3X ev. 12/2004 |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

OmniCare, Inc. Politcal Action Committee

Report Covering the Period: From: 07 01 2011 To: 12 31 2011

| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|-----|--|-------------------------|-----------------------------------|
| 6. | (a) Cash on Hand January 1, 2011 | | 39638.13 |
| | (b) Cash on Hand at Beginning of Reporting Period | 35697.18 | |
| | (c) Total Receipts (from Line 19) | 19721.91 | 30076.82 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 55419.09 | 69714.95 |
| 7. | Total Disbursements (from Line 31) | 25275.89 | 39571.75 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 30143.20 | 30143.20 |
| 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 |
|-----------|------|----------|---|-----------|
| | | · Ontour | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |

| Report Covering the Period: From: | 07 01 2011 To: | 12 31 2011 |
|---|-------------------------------|-----------------------------------|
| 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) | 15939.04 | 21624.07 |
| (ii) Unitemized(iii) TOTAL (add | 3782.87 | 8452.75 |
| Lines 11(a)(i) and (ii) | 19721.91 | 30076.82 |
| (b) Political Party Committees(c) Other Political Committees | 0.00 | 0.00 |
| (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 |
| 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other | 19721.91 | 30076.82 |
| Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| to Federal Candidates and Other Political Committees | 0.00 | 0.00 |
| (Dividends, Interest, etc.) | 0.00 | 0.00 |
| (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), | | 2000 |
| 12, 13, 14, 15, 16, 17, and 18(c))▶ | 19721.91 | 30076.82 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶ | 19721.91 | 30076.82 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | |
|---|----------------------------|-----------------------------------|--|--|
| Operating Expenditures: (a) Allocated Federal/Non-Federal | Total Timo I offor | Outchau Teal-to-Date | | |
| Activity (from Schedule H4) (i) Federal Share | 0.00 | 0.00 | | |
| (i) Federal Share | | | | |
| (ii) Non-Federal Share | 0.00 | 0.00 | | |
| (b) Other Federal Operating | 0.00 | 0.00 | | |
| Expenditures(c) Total Operating Expenditures | 0.00 | 0.00 | | |
| (add 21(a)(i), (a)(ii), and (b))▶ | 0.00 | 0.00 | | |
| Transfers to Affiliated/Other Party | | | | |
| CommitteesContributions to | 0.00 | 0.00 | | |
| Federal Candidates/Committees and Other Political Committees | 20500.00 | 34500.00 | | |
| Independent Expenditures (use Schedule E) | 0.00 | 0.00 | | |
| Coordinated Party Expenditures | | | | |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 | | |
| Loan Repayments Made | 0.00 | 0.00 | | |
| Loans Made | 0.00 | 0.00 | | |
| Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | | |
| | | | | |
| (b) Political Party Committees | 0.00 | 0.00 | | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | | |
| (d) Tabal Contribution Batumda | | | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | | |
| (466 2566); (5); 476 (6)) | 7 | | | |
| Other Disbursements | 4775.89 | 5071.75 | | |
| Federal Election Activity (2 U.S.C. §431(20)) | | | | |
| (a) Allocated Federal Election Activity | | | | |
| (from Schedule H6) (i) Federal Share | 0.00 | 0.00 | | |
| (i) Federal Share | | | | |
| (ii) "Levin" Share | 0.00 | 0.00 | | |
| (b) Federal Election Activity Paid Entirely | 0.00 | 0.00 | | |
| With Federal Funds | 0.00 | 0.00 | | |
| Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 | | |
| Total Disbursements (add Lines 21(c), 22, | | | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 25275.89 | 39571.75 | | |
| Total Federal Disbursements | | | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 25275.89 | 39571.75 | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Ex- penditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 19721.91 | 30076.82 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 19721.91 | 30076.82 |
| 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 | 0.00 |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF 128 Use separate schedule(s) (check only one)

| TEMIZED RECEIPTS | | for each category of the Detailed Summary Page | × | | | 11b | | 11c | 12 | |
|---|--|---|----------|---|------|----------------|-----------------------------|----------------|----------------------------------|-----|
| Any information copied from such Reports all or for commercial purposes, other than using | | | erson fo | | | | | | | |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | on Committe | ee | | | | | | | | |
| Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DRIVE City VILLA HILLS | State KY | Zip Code 41017 | | | acti | ion IE | 08 D : S . | / Y A11Al.7 | | |
| FEC ID number of contributing federal political committee. Name of Employer | C | | | | | 7 | | - | 41 \$41.67 | .67 |
| OMNICARE, INC Receipt For: Primary Other (specify) | VP & CONT | |] | | | | | | | |
| Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DRIVE | | | | ate of | Re | D | 22 | / Y | 2011 | Y |
| City VILLA HILLS FEC ID number of contributing | State KY | Zip Code 41017 | | Transaction ID : SA11AI.7749 Amount of Each Receipt this Period 41.67 | | | | | | |
| name of Employer OMNICARE, INC Receipt For: Primary Other (specify) ▼ | Occupation VP & CONT | | Bi-v | weekly | y Pa | ayroll | Ded | uction - | \$41.67 | .07 |
| Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DRIVE | | | D | ate of | Re | | D | / Y | Y | Y |
| City VILLA HILLS FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: □ Primary □ General Other (specify) ▼ | State KY C Occupation VP & CONT Aggregate | | Ar | mount | of | ion II Each | 05 D : S n Red | | 2011 7826 is Period | |
| SUBTOTAL of Receipts This Page (optional | l) |) | | = | | 7 | | , | 125 | .01 |
| TOTAL This Period (last page this line num | ber only) |) | | | | 7 | | , | | |

FOR LINE NUMBER: **PAGE** 7 OF 128 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) **BRADLEY S ABBOTT** Date of Receipt Mailing Address 2050 DAMSON DRIVE 2011 19 City Zip Code State Transaction ID: SA11AI.7855 KY VILLA HILLS 41017 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Bi-weekly Payroll Deduction - \$41.67 Name of Employer Occupation OMNICARE, INC **VP & CONTROLLER** Receipt For: Aggregate Year-to-Date ▼ Primary General 708.39 Other (specify) Full Name (Last, First, Middle Initial) **B.** BRADLEY S ABBOTT Date of Receipt Mailing Address 2050 DAMSON DRIVE 09 02 2011 City State Zip Code Transaction ID: SA11AI.7896 VILLA HILLS KY 41017 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation OMNICARE, INC **VP & CONTROLLER** Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) Full Name (Last, First, Middle Initial) c. BRADLEY S ABBOTT Date of Receipt Mailing Address 2050 DAMSON DRIVE 09 16 2011 City Zip Code State Transaction ID: SA11AI.7925 KY VILLA HILLS 41017 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation **VP & CONTROLLER** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 791.73 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

| | FOR LINE NUMBER: PAGE | 8 OF 128 |
|---|-----------------------|----------|
| Use separate schedule(s) for each category of the | (check only one) | _ |
| Detailed Summary Page | X 11a 11b 11c | 12 |
| , 9 | 13 14 | 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) BRADLEY S ABBOTT Date of Receipt Mailing Address 2050 DAMSON DRIVE 30 2011 City State Zip Code Transaction ID: SA11AI.7954 KY VILLA HILLS 41017 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation OMNICARE, INC **VP & CONTROLLER** Receipt For: Aggregate Year-to-Date ▼ Primary General 833.40 Other (specify) Full Name (Last, First, Middle Initial) **B.** BRADLEY S ABBOTT Date of Receipt Mailing Address 2050 DAMSON DRIVE 10 14 2011 City State Zip Code Transaction ID: SA11AI.8011 VILLA HILLS KY 41017 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation OMNICARE, INC **VP & CONTROLLER** Receipt For: Aggregate Year-to-Date ▼ Primary General 875.07 Other (specify) Full Name (Last, First, Middle Initial) c. BRADLEY S ABBOTT Date of Receipt Mailing Address 2050 DAMSON DRIVE M M / 28 10 2011 City Zip Code State Transaction ID: SA11AI.8041 KY VILLA HILLS 41017 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation **VP & CONTROLLER** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General

| • | L | | | 7 | | | 7 | | 25.0 | |
|-------|---|---|---|---|---|---|---|---|------|---|
| | г | | | | | | | | | |
| • | L | _ | - | 7 | _ | _ | 7 | _ | (8) | _ |

916.74

Other (specify)

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

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

FOR LINE NUMBER: **PAGE** 9 OF 128 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) **BRADLEY S ABBOTT** Date of Receipt Mailing Address 2050 DAMSON DRIVE 2011 11 10 City Zip Code State Transaction ID: SA11AI.8128 KY VILLA HILLS 41017 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation OMNICARE, INC **VP & CONTROLLER** Receipt For: Aggregate Year-to-Date ▼ Primary General 958.41 Other (specify) Full Name (Last, First, Middle Initial) B. BRADLEY S ABBOTT Date of Receipt Mailing Address 2050 DAMSON DRIVE 11 25 2011 City State Zip Code Transaction ID: SA11AI.8172 VILLA HILLS KY 41017 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation OMNICARE, INC **VP & CONTROLLER** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.08 Other (specify) Full Name (Last, First, Middle Initial) c. BRADLEY S ABBOTT Date of Receipt Mailing Address 2050 DAMSON DRIVE M M / 09 12 2011 City Zip Code State Transaction ID: SA11AI.8238 KY VILLA HILLS 41017 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation **VP & CONTROLLER** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 1041.75 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

1mage# 12970294667 PAGE 10 / 128

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH F9 @ 5 H9 8 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A + N5 H+ C B

Form/Schedule: SA11AI Transaction ID : SA11AI.8238

Biweekly Payroll Deduction - \$41.67

Form/Schedule: **Transaction ID:**

FOR LINE NUMBER: PAGE 11 OF 128 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. 08 2011 City State Zip Code Transaction ID: SA11AI.7792 Plainfield IL 60586 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Bi-weekly Payroll Deduction - \$15 Name of Employer Occupation Omnicare of No. IL. **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Charles Agonis Date of Receipt Mailing Address 1416 Pheasant Landing Dr. 07 22 2011 City State Zip Code Transaction ID: SA11AI.7757 Plainfield IL 60586 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Bi-weekly Payroll Deduction - \$15 Name of Employer Occupation Omnicare of No. IL. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Agonis Date of Receipt Mailing Address 1416 Pheasant Landing Dr. 80 05 2011 City State Zip Code Transaction ID: SA11AI.7815 IL Plainfield 60586 Amount of Each Receipt this Period FEC ID number of contributing 15.00 С federal political committee. Bi-weekly Payroll Deduction - \$15 Name of Employer Occupation **Pharmacist** Omnicare of No. IL. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 12 OF 128

| ITEMIZED RECEIPTS | | | Use separate schedule(s) for each category of the Detailed Summary Page | (check or X 11a 13 | nly one) 111 14 | o [| 11c | 12 16 | 17 |
|-------------------|--|--------------------------|---|--------------------|-----------------------|--------|-----------|----------------------------|------|
| | information copied from such Reports and S or commercial purposes, other than using the | | | | | | | | |
| I \ | NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action (| Committe | е | | | | | | |
| A. _ | Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landing Dr. | | | Date o | of Receip | pt | / V | - Y - Y | V |
| _ | City | State | Zip Code | 08 | saction | 19 | SA11AI | 2011 | |
| | Plainfield | IL | 60586 | | | | | nis Perio | d |
| | FEC ID number of contributing ederal political committee. | С | | | | Ξ | - | 1 | 5.00 |
| Ī | Name of Employer | Occupation | | → Bi-weel | kly Payro | الر De | duction | - \$15 | |
| (| Omnicare of No. IL. | Pharmacist | | | | | | | |
| F | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 255.00 | | | | | | |
| | Full Name (Last, First, Middle Initial) Charles Agonis | | | Date of | of Receip | ot . | | | |
| N | Mailing Address 1416 Pheasant Landing Dr. | | | 09 | / / | 02 | / Y | 2011 | Y |
| | Dity | State | Zip Code | Tran | saction | ID : S | SA11AI. | 7885 | |
| _ | Plainfield | IL . | 60586 | Amour | nt of Ead | ch Re | eceipt th | nis Perio | d |
| | FEC ID number of contributing ederal political committee. | С | | | - | _ | - 7 | 1 | 5.00 |
| C | Name of Employer Omnicare of No. IL. | Occupation Pharmacist | | | | | | | |
| F | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| | Primary General Other (specify) ▼ | | 270.00 | | | | | | |
| | Full Name (Last, First, Middle Initial) Charles Agonis | | | Date of | of Receip | pt | | | |
| N | Mailing Address 1416 Pheasant Landing Dr. | | | 09 | И / Е | 16 | / Y | 2011 | Y |
| | Dity Plainfield | State IL | Zip Code 60586 | | saction nt of Ead | | | . 7914 nis Perio | d |
| | FEC ID number of contributing ederal political committee. | С | | | | Ξ | - | 1 | 5.00 |
| Ī | Name of Employer | Occupation | | | | | | | |
| _ | Omnicare of No. IL. | Pharmacist | | | | | | | |
| F | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 285.00 | | | | | | |
| su | BTOTAL of Receipts This Page (optional) | | | | | | | 4 | 5.00 |
| то | TAL This Period (last page this line number | only) | | | | Τ | | | |

| | FOR LINE | E NUMBER | i: F | PAGE | 13 OF | 128 |
|---|--------------|----------|--------|------|-------|-----|
| Use separate schedule(s) for each category of the | (check or | ıly one) | | | | |
| Detailed Summary Page | X 11a | 11b | 11 | 1c | 12 | |
| | 13 | 14 | 15 | 5 | 16 | 17 |

| | Statements may not be sold or used by any personant and address of any political committee to | |
|---|---|---|
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | Committee | |
| Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landing Dr. | | Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y |
| City Plainfield FEC ID number of contributing federal political committee. Name of Employer Omnicare of No. IL. Receipt For: Primary General Other (specify) | State Zip Code IL 60586 C Occupation Pharmacist Aggregate Year-to-Date ▼ 300.00 | Transaction ID: SA11AI.7945 Amount of Each Receipt this Period 15.00 |
| Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landing Dr. City Plainfield FEC ID number of contributing federal political committee. Name of Employer Omnicare of No. IL. Receipt For: Primary General Other (specify) | State Zip Code IL 60586 C Occupation Pharmacist Aggregate Year-to-Date ▼ 315.00 | Date of Receipt 10 14 2011 Transaction ID: SA11AI.8001 Amount of Each Receipt this Period 15.00 |
| Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landing Dr. City Plainfield FEC ID number of contributing federal political committee. Name of Employer Omnicare of No. IL. Receipt For: Primary General Other (specify) | State Zip Code IL 60586 C Occupation Pharmacist Aggregate Year-to-Date ▼ 330.00 | Date of Receipt 10 28 2011 Transaction ID: SA11AI.8031 Amount of Each Receipt this Period 15.00 |
| SUBTOTAL of Receipts This Page (optional) | > | 45.00 |
| TOTAL This Period (last page this line number | only) | |

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 14 OF 128 Use separate schedule(s)

| 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) Charles Agonis Mailing Address 1416 Pheasant Landing Dr. City Plainfield FEC ID number of contributing federal political committee. Name of Employer Omnicare of No. IL. Receipt For: Primary General Other (specify) | State Zip Code IL 60586 C Occupation Pharmacist Aggregate Year-to-Date ▼ 345.00 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landing Dr. City Plainfield FEC ID number of contributing federal political committee. Name of Employer Omnicare of No. IL. Receipt For: Primary Other (specify) General | State Zip Code IL 60586 C Occupation Pharmacist Aggregate Year-to-Date ▼ 360.00 | Date of Receipt 11 25 2011 Transaction ID: SA11AI.8156 Amount of Each Receipt this Period 15.00 |
| Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landing Dr. City Plainfield FEC ID number of contributing federal political committee. Name of Employer Omnicare of No. IL. Receipt For: Primary General Other (specify) | State Zip Code IL 60586 C Occupation Pharmacist Aggregate Year-to-Date ▼ 375.00 | Date of Receipt 12 09 2011 Transaction ID: SA11AI.8218 Amount of Each Receipt this Period |
| SUBTOTAL of Receipts This Page (optional) | | 45.00 |
| TOTAL This Period (last page this line number | r only) | · L |

1mage# 12970294672 PAGE 15 / 128

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8218

Biweekly Payroll Deduction - \$15

Form/Schedule: Transaction ID:

FOR LINE NUMBER: PAGE 16 OF 128 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. 2011 12 City State Zip Code Transaction ID: SA11AI.8277 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 390.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Baker Date of Receipt Mailing Address 1518 Martock Lane 10 14 2011 City State Zip Code Transaction ID: SA11AI.7997 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 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Baker Date of Receipt Mailing Address 1518 Martock Lane 28 10 2011 City State Zip Code Transaction ID: SA11AI.8026 MD Hanover 21076 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 35.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

1mage# 12970294674 PAGE 17 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8277

Biweekly Payroll Deduction - \$15

Form/Schedule: Transaction ID:

FOR LINE NUMBER: PAGE 18 OF 128 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) Daniel Baker Date of Receipt Mailing Address 1518 Martock Lane 2011 City Zip Code State Transaction ID : SA11AI.8101 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 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Baker Date of Receipt Mailing Address 1518 Martock Lane 11 25 2011 City State Zip Code Transaction ID: SA11AI.8142 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 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Baker Date of Receipt Mailing Address 1518 Martock Lane 09 2011 City State Zip Code Transaction ID: SA11AI.8208 MD Hanover 21076 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare General Manager 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).....

1mage# 12970294676 PAGE 19 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8208

Biweekly Payroll Deduction - \$10

Form/Schedule: Transaction ID:

FOR LINE NUMBER: PAGE 20 OF 128 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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1mage# 12970294678 PAGE 21 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8258

Biweekly Payroll Deduction - \$10

Form/Schedule: Transaction ID:

FOR LINE NUMBER: PAGE 22 OF 128 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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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 or for commercial purposes, other than using the | Statements may not be sold or used by any person name and address of any political committee to | son for the purpose of soliciting contributions of solicit contributions from such committee. |
|---|---|---|
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | Committee | |
| Full Name (Last, First, Middle Initial) A. Paul Baldwin Mailing Address 208 Old Mill Road | | Date of Receipt |
| City | Chata 7'- 0 ' | 09 16 2011 |
| City Royersford | State Zip Code PA 19468 | Transaction ID : SA11AI.7928 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period |
| Name of Employer Omnicare, Inc | Occupation VP Public Affairs | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 3800.00 | |
| Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road | | Date of Receipt |
| | | 09 30 2011 |
| City | State Zip Code | Transaction ID : SA11AI.7958 |
| Royersford | PA 19468 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 200.00 |
| Name of Employer Omnicare, Inc | Occupation VP Public Affairs | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4000.00 | |
| Full Name (Last, First, Middle Initial) C. Paul Baldwin | | Date of Receipt |
| Mailing Address 208 Old Mill Road | | 10 14 2011 |
| City Royersford | State Zip Code PA 19468 | Transaction ID : SA11AI.8015 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 200.00 |
| Name of Employer | Occupation | 1 |
| Omnicare, Inc | VP Public Affairs |] |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) | 4200.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 600.00 |
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FOR LINE NUMBER: PAGE 24 OF 128 Use separate schedule(s) (check only one) X 11a 11b 12 11c

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) Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 2011 10 28 City State Zip Code Transaction ID: SA11AI.8048 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Occupation VP Public Affairs Omnicare. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 4400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 11 10 2011 City State Zip Code Transaction ID: SA11AI.8135 PA Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Omnicare, Inc VP Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 4600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 11 25 2011 City State Zip Code Transaction ID: SA11AI.8181 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) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 25 OF 128 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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1mage# 12970294683 PAGE 26 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8247

Biweekly Payroll Deduction - \$200

Form/Schedule: SA11AI Transaction ID: SA11AI.8307

Biweekly Payroll Deduction - \$200

1mage# 12970294684 PAGE 27 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8220

Biweekly Payroll Deduction - \$15

Form/Schedule: Transaction ID:

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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 perso name and address of any political committee to | |
|---|---|--|
| NAME OF COMMITTEE (In Full) | | |
| OmniCare, Inc. Politcal Action (| Committee | |
| Full Name (Last, First, Middle Initial) A. Darold R. Barnes | | Date of Receipt |
| Mailing Address | | 12 23 2011 |
| City | State Zip Code | Transaction ID : SA11AI.8274 |
| | | 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: | Aggregate Year-to-Date ▼ | |
| Primary General | 225.00 | |
| Other (specify) ▼ | 220.00 | |
| Full Name (Last, First, Middle Initial) 3. Randall Carpenter | | Date of Receipt |
| Mailing Address | | M = M / D = D / Y = Y = Y |
| City | State Zip Code | Transaction ID : SA11AI.8305 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) C. ROBERT DRIES | | Date of Receipt |
| Mailing Address 8018 MEADOWCREEK DRIVE | <u> </u> | 11 25 2011 |
| City | State Zip Code | Transaction ID : SA11AI.8179 |
| CINCINNATI | OH 45244 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | |
| OMNICARE, INC | VP OF OPERATIONS FINANCE | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 300.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 215.00 |
| TOTAL This Period (last page this line number of | only) | |

1mage# 12970294686 PAGE 29 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8274

Biweekly Payroll Deduction - \$15

Form/Schedule: SA11AI Transaction ID: SA11AI.8305

Biweekly Payroll Deduction - \$100

| | FOR LINE NUMBER: | PAGE | 30 OF | 128 |
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| Use separate schedule(s) for each category of the | (check only one) | , – | _ | |
| Detailed Summary Page | X 11a 11b | 11c | 12 | |
| , 0 | 13 14 | 15 | 16 | 17 |
| | | 11 - 111 | | |

| | d 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 | n Committee | |
| Full Name (Last, First, Middle Initial) ROBERT DRIES Mailing Address 8018 MEADOWCREEK DR City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: | State Zip Code OH 45244 C Occupation VP OF OPERATIONS FINANCE Aggregate Year-to-Date Occupation | Date of Receipt 12 09 2011 Transaction ID: SA11AI.8242 Amount of Each Receipt this Period 100.00 |
| Primary General Other (specify) ▼ | 400.00 | |
| Full Name (Last, First, Middle Initial) ROBERT DRIES Mailing Address 8018 MEADOWCREEK DR | | Date of Receipt 12 23 2011 |
| City CINCINNATI FEC ID number of contributing federal political committee. | State Zip Code OH 45244 | Transaction ID : SA11AI.8302 Amount of Each Receipt this Period 100.00 |
| Name of Employer OMNICARE, INC Receipt For: □ Primary □ General □ Other (specify) ▼ | Occupation VP OF OPERATIONS FINANCE Aggregate Year-to-Date ▼ 500.00 | - |
| Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT. | | Date of Receipt 07 08 2011 |
| City Portland FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc - Evergreen Receipt For: Primary General Other (specify) | State Zip Code OR 97086 C Occupation Pharmacist Aggregate Year-to-Date ▼ 280.00 | Transaction ID : SA11AI.7784 Amount of Each Receipt this Period 20.00 Bi-weekly Payroll Deduction - \$20 |
| SUBTOTAL of Receipts This Page (optional). | > | 220.00 |
| TOTAL This Period (last page this line numb | er only) | |

1mage# 12970294688 PAGE 31 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8242

Biweekly Payroll Deduction - \$100

Form/Schedule: SA11AI Transaction ID: SA11AI.8302

Biweekly Payroll Deduction - \$100

FOR LINE NUMBER: PAGE 32 OF 128 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) Brian Egan Date of Receipt Mailing Address 9945 SE GIA CT. 2011 22 City State Zip Code Transaction ID: SA11AI.7751 OR 97086 Portland Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Bi-weekly Payroll Deduction - \$20 Name of Employer Occupation **Pharmacist** Omnicare, Inc - Evergreen Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian Egan Date of Receipt Mailing Address 9945 SE GIA CT. 08 05 2011 City State Zip Code Transaction ID: SA11AI.7819 Portland OR 97086 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Bi-weekly Payroll Deduction - \$20 Name of Employer Occupation Omnicare, Inc - Evergreen Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Brian Egan Date of Receipt Mailing Address 9945 SE GIA CT. 80 19 2011 City State Zip Code Transaction ID: SA11AI.7849 OR Portland 97086 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Bi-weekly Payroll Deduction - \$20 Name of Employer Occupation **Pharmacist** Omnicare, Inc - Evergreen Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

| | FOR LINE NUMBER: | PAGE 3 | 33 OF | 128 |
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| Use separate schedule(s) for each category of the | (check only one) | | _ | |
| Detailed Summary Page | X 11a 11b | 11c | 12 | |
| | 13 14 | 15 | 16 | 17 |

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| TOTAL This Period (last page this line number only) | | | | 7 | _ | _ | 7 | _ | | | |

400.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

128

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) Brian Egan Date of Receipt Mailing Address 9945 SE GIA CT. 2011 10 City State Zip Code Transaction ID: SA11AI.8006 OR 97086 Portland Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc - Evergreen **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian Egan Date of Receipt Mailing Address 9945 SE GIA CT. 10 28 2011 City State Zip Code Transaction ID: SA11AI.8036 Portland OR 97086 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc - Evergreen Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Brian Egan Date of Receipt Mailing Address 9945 SE GIA CT. 11 10 2011 City State Zip Code Transaction ID: SA11AI.8119 OR Portland 97086 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **Pharmacist** Omnicare, Inc - Evergreen Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 35 OF 128 Use separate schedule(s) (check only one) X 11a 11b 12 11c

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) Brian Egan Date of Receipt Mailing Address 9945 SE GIA CT. 2011 25 City State Zip Code Transaction ID: SA11AI.8164 OR 97086 Portland Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc - Evergreen **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian Egan Date of Receipt Mailing Address 9945 SE GIA CT. 12 09 2011 City State Zip Code Transaction ID: SA11AI.8227 OR 97086 Portland Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc - Evergreen Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Brian Egan Date of Receipt Mailing Address 9945 SE GIA CT. 23 2011 City State Zip Code Transaction ID: SA11AI.8284 OR Portland 97086 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **Pharmacist** Omnicare, Inc - Evergreen Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

1mage# 12970294693 PAGE 36 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8227

Biweekly Payroll Deduction - \$20

Form/Schedule: SA11AI Transaction ID: SA11AI.8284

Biweekly Payroll Deduction - \$20

| | FOR LINE NUMBER: | PAGE 37 OF 12 | 28 |
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| | 13 14 | 15 16 1 | 7 |

| | nd Statements may not be sold or used by any per g the name and address of any political committee | |
|--|--|--|
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | on Committee | |
| Full Name (Last, First, Middle Initial) A. DARLENE ERVIN | | Date of Receipt |
| Mailing Address 24694 N. DUSTIN RD. | | 12 04 2011 |
| City | State Zip Code CA 95220 | Transaction ID : SA11AI.8183 |
| ACAMPO FEC ID number of contributing federal political committee. | CA 95220 | Amount of Each Receipt this Period |
| Name of Employer OMNICARE Receipt For: Primary General Other (specify) ▼ | Occupation NO. CALIFORNIA AREA DIRECTOR Aggregate Year-to-Date ▼ 250.00 | One time contribution - \$250.00 |
| Full Name (Last, First, Middle Initial) 3. John Figueroa Mailing Address 8386 Kugler Mill Road | | Date of Receipt |
| City | State Zip Code | 10 |
| Cincinnati | OH 45243 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Omnicare | Occupation CEO | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) C. John Figueroa | | Date of Receipt |
| Mailing Address 8386 Kugler Mill Road | | 11 10 2011 |
| City Cincinnati | State Zip Code OH 45243 | Transaction ID : SA11AI.8131 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | † |
| Omnicare | CEO | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |
| SUBTOTAL of Receipts This Page (optional | 1) | 450.00 |
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| for each category of the Detailed Summary Page | X 11a 11b | 11c | 12 | |
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| Callot (openity) V | 7 | |
|--|---------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) John Figueroa | | Date of Receipt |
| Mailing Address 8386 Kugler Mill Road | | 12 09 2011 |
| City | State Zip Code | Transaction ID : SA11AI.8241 |
| Cincinnati | OH 45243 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | |
| Omnicare | CEO | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |
| Full Name (Last, First, Middle Initial) John Figueroa | | Date of Receipt |

Mailing Address 8386 Kugler Mill Road 23 2011 City State Zip Code Transaction ID: SA11AI.8303 ОН Cincinnati 45243 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation CEO Omnicare Receipt For: Aggregate Year-to-Date ▼

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Primary

Other (specify)

General

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Form/Schedule: SA11AI Transaction ID: SA11AI.8241

Biweekly Payroll Deduction - \$100

Form/Schedule: SA11AI Transaction ID: SA11AI.8303

Biweekly Payroll Deduction - \$100

FOR LINE NUMBER: PAGE 40 OF 128 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 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) Leo P Finn Date of Receipt Mailing Address 2011 25 City Zip Code State Transaction ID: SA11AI.8178 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Bi-weekly Payroll Deduction - \$100 Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Leo P Finn Date of Receipt Mailing Address 12 09 2011 City State Zip Code Transaction ID: SA11AI.8244 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Bi-weekly Payroll Deduction - \$100 Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Leo P Finn Date of Receipt Mailing Address 23 2011 City State Zip Code Transaction ID: SA11AI.8304 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Bi-weekly Payroll Deduction - \$100 Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

1mage# 12970294698 PAGE 41 / 128

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Form/Schedule: SA11AI Transaction ID: SA11AI.8244

Biweekly Payroll Deduction - \$100

Form/Schedule: SA11AI Transaction ID: SA11AI.8304

Biweekly Payroll Deduction - \$100

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| | Statements may not be sold or used by any pers e name and address of any political committee to | |
|---|--|---|
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | Committee | |
| Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER CIRCLE City | State Zip Code | Date of Receipt 07 08 2011 |
| BUFORD | GA 30519 | Transaction ID : SA11AI.7773 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 50.00 Bi-weekly Payroll Deduction - \$50 |
| Name of Employer | Occupation | Bi weekly i ayion beddenon 400 |
| OMNICARE INC Receipt For: Primary General Other (specify) | PHARMACIST Aggregate Year-to-Date ▼ 700.00 | |
| Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER CIRCLE | | Date of Receipt |
| City | State Zip Code | 07 22 2011 |
| BUFORD | GA 30519 | Transaction ID : SA11AI.7756 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 50.00 |
| Name of Employer OMNICARE INC | Occupation PHARMACIST | Bi-weekly Payroll Deduction - \$50 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) . HAL J HENDERSON | | Date of Receipt |
| Mailing Address 2908 PERIMETER CIRCLE | | 08 05 2011 |
| City BUFORD | State Zip Code GA 30519 | Transaction ID : SA11AI.7827 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 50.00 |
| Name of Employer | Occupation | Bi-weekly Payroll Deduction - \$50 |
| OMNICARE INC | PHARMACIST | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 800.00 | |
| SUBTOTAL of Receipts This Page (optional) | • | 150.00 |
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| not be sold or used by any person for the purpose of soliciting contributions | | | | | | | | | | |

Any information copied from such Reports and Statements may 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) HAL J HENDERSON Date of Receipt Mailing Address 2908 PERIMETER CIRCLE 19 2011 City State Zip Code Transaction ID: SA11AI.7856 GΑ **BUFORD** 30519 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Bi-weekly Payroll Deduction - \$50 Name of Employer Occupation OMNICARE INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify) Full Name (Last, First, Middle Initial) B. HAL J HENDERSON Date of Receipt Mailing Address 2908 PERIMETER CIRCLE 09 02 2011 City State Zip Code Transaction ID: SA11AI.7897 **BUFORD** GA 30519 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation **OMNICARE INC PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) c. HAL J HENDERSON Date of Receipt Mailing Address 2908 PERIMETER CIRCLE 2011 09 16 City State Zip Code Transaction ID: SA11AI.7926 **BUFORD** GA 30519 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation **OMNICARE INC PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 44 OF 128 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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| | tatements may not be sold or used by any person name and address of any political committee to | |
|---|--|--|
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action (| Committee | |
| Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER CIRCLE | | Date of Receipt |
| | 7:0:1 | 11 10 2011 |
| City BUFORD | State Zip Code GA 30519 | Transaction ID : SA11AI.8129 |
| | 5.1 50013 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation | |
| OMNICARE INC | PHARMACIST | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1150.00 | |
| Full Name (Last, First, Middle Initial) B. HAL J HENDERSON | | Date of Receipt |
| Mailing Address 2908 PERIMETER CIRCLE | | 11 25 2011 |
| City | State Zip Code | Transaction ID : SA11AI.8173 |
| BUFORD | GA 30519 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation | |
| OMNICARE INC | PHARMACIST | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1200.00 | |
| Full Name (Last, First, Middle Initial) PATRICE L JOHNSON | | Date of Receipt |
| Mailing Address 19423 HICKORY PL | | 10 14 2011 |
| City COUNTRY CLUB HILLS | State Zip Code IL 60478 | Transaction ID : SA11AI.7993 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer | Occupation | |
| OMNICARE INC | GENERAL MANAGER | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 210.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 110.00 |
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 46 OF 128

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| Any information copied from such Reports and Sta 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 C | Committee | |
| Full Name (Last, First, Middle Initial) PATRICE L JOHNSON Mailing Address 19423 HICKORY PL City COUNTRY CLUB HILLS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) | State Zip Code IL 60478 C Occupation GENERAL MANAGER Aggregate Year-to-Date ▼ | Date of Receipt 10 28 2011 Transaction ID : SA11AI.8021 Amount of Each Receipt this Period 10.00 |
| Full Name (Last, First, Middle Initial) PATRICE L JOHNSON Mailing Address 19423 HICKORY PL City COUNTRY CLUB HILLS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary Other (specify) General | State Zip Code IL 60478 C Occupation GENERAL MANAGER Aggregate Year-to-Date ▼ | Date of Receipt 11 10 2011 Transaction ID: SA11Al.8100 Amount of Each Receipt this Period 10.00 |
| Full Name (Last, First, Middle Initial) PATRICE L JOHNSON Mailing Address 19423 HICKORY PL City COUNTRY CLUB HILLS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) Other (specify) | State Zip Code IL 60478 C Occupation GENERAL MANAGER Aggregate Year-to-Date ▼ | Date of Receipt 11 25 2011 Transaction ID : SA11AI.8141 Amount of Each Receipt this Period 10.00 |
| SUBTOTAL of Receipts This Page (optional) | ····· | 30.00 |
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 47 OF 128 Use separate schedule(s) (check only one)

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| Any information copied from such Reports and S or for commercial purposes, other than using the | | |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | Committee | |
| Full Name (Last, First, Middle Initial) PATRICE L JOHNSON Mailing Address 19423 HICKORY PL City COUNTRY CLUB HILLS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary Other (specify) | State Zip Code IL 60478 C Occupation GENERAL MANAGER Aggregate Year-to-Date ▼ 250.00 | Date of Receipt 12 09 2011 Transaction ID: SA11AI.8210 Amount of Each Receipt this Period 10.00 |
| Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Meadow Roa City Southampton FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) | d State Zip Code MA 01073 C Occupation Pharmacist Aggregate Year-to-Date ▼ 560.00 | Date of Receipt 07 08 2011 Transaction ID : SA11AI.7799 Amount of Each Receipt this Period 40.00 Bi-weekly Payroll Deduction - \$40 |
| Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Meadow Roa City Southampton FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) | State Zip Code MA 01073 C Occupation Pharmacist Aggregate Year-to-Date 600.00 | Date of Receipt O7 22 2011 Transaction ID : SA11AI.7768 Amount of Each Receipt this Period 40.00 Bi-weekly Payroll Deduction - \$40 |
| SUBTOTAL of Receipts This Page (optional) | | 90.00 |
| TOTAL This Period (last page this line number | only) | |

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Form/Schedule: SA11AI Transaction ID: SA11AI.8210

Biweekly Payroll Deduction - \$10

Form/Schedule: Transaction ID:

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| not be sold or used by any person for the purpose of soliciting contributions | | | | | | | | | | | |

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| | nd Statements may not be sold or used by any per the name and address of any political committee | |
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| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | on Committee | |
| Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Meadow City Southampton FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) | State Zip Code MA 01073 C Occupation Pharmacist Aggregate Year-to-Date ▼ | Date of Receipt 16 2011 Transaction ID: SA11AI.7924 Amount of Each Receipt this Period 40.00 |
| Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Meadow I City Southampton FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) | State Zip Code MA 01073 C Occupation Pharmacist Aggregate Year-to-Date ▼ 800.00 | Date of Receipt 99 30 2011 Transaction ID: SA11AI.7953 Amount of Each Receipt this Period 40.00 |
| Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Meadow City Southampton FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) | State Zip Code MA 01073 C Occupation Pharmacist Aggregate Year-to-Date ▼ | Date of Receipt 10 14 2011 Transaction ID : SA11Al.8010 Amount of Each Receipt this Period 40.00 |
| SUBTOTAL of Receipts This Page (optional |) > | 120.00 |
| TOTAL This Period (last page this line num | ber only) | 1 |

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| 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 person e name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
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| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | Committee | |
| Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Meadow Roa | d | Date of Receipt |
| 011 | 7.0 | 10 28 2011 |
| City Southampton | State Zip Code MA 01073 | Transaction ID : SA11AI.8040 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 40.00 |
| Name of Employer Omnicare, Inc | Occupation Pharmacist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 880.00 | |
| Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Meadow Roa | Date of Receipt | |
| | | 11 10 2011 |
| City Southampton | State Zip Code MA 01073 | Transaction ID : SA11AI.8124 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 40.00 |
| Name of Employer Omnicare, Inc | Occupation Pharmacist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 920.00 | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address 153 R Pomeroy Meadow Roa | | 11 25 2011 |
| City Southampton | State Zip Code MA 01073 | Transaction ID : SA11AI.8171 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 40.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc | Pharmacist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 960.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 120.00 |
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| | FOR LINE NUMBER: | PAGE | 52 OF | 128 |
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Full Name (Last, First, Middle Initial) **c.** Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 23 2011 City Zip Code State Transaction ID: SA11AI.8301 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation CPA Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify)

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Form/Schedule: SA11AI Transaction ID: SA11AI.8290

Biweekly Payroll Deduction - \$40

Form/Schedule: SA11AI Transaction ID: SA11AI.8243

Biweekly Payroll Deduction - \$100

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: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8301

Biweekly Payroll Deduction - \$100

Form/Schedule: Transaction ID:

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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) DALE LEWIS Date of Receipt Mailing Address 117 PLUM POPPY NORTH 08 2011 City Zip Code State Transaction ID: SA11AI.7788 NY MALTA 12020 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Bi-weekly Payroll Deduction - \$20 Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. DALE LEWIS Date of Receipt Mailing Address 117 PLUM POPPY NORTH 07 22 2011 City State Zip Code Transaction ID: SA11AI.7754 NY MALTA 12020 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Bi-weekly Payroll Deduction - \$20 Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. DALE LEWIS Date of Receipt Mailing Address 117 PLUM POPPY NORTH 05 80 2011 City Zip Code State Transaction ID: SA11AI.7820 NY MALTA 12020 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Bi-weekly Payroll Deduction - \$20 Name of Employer Occupation **PHARMACIST** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

SCHEDULE A (FEC Form 3X)

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| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | n Committee | |
| Full Name (Last, First, Middle Initial) DALE LEWIS Mailing Address 117 PLUM POPPY NORTH City MALTA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) | State Zip Code NY 12020 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 340.00 | Date of Receipt 08 19 2011 Transaction ID : SA11AI.7848 Amount of Each Receipt this Period 20.00 Bi-weekly Payroll Deduction - \$20 |
| Full Name (Last, First, Middle Initial) DALE LEWIS Mailing Address 117 PLUM POPPY NORTH City MALTA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General | State Zip Code NY 12020 C Occupation PHARMACIST Aggregate Year-to-Date ▼ | Date of Receipt 9 02 2011 Transaction ID : SA11AI.7889 Amount of Each Receipt this Period 20.00 |
| Tull Name (Last, First, Middle Initial) DALE LEWIS Mailing Address 117 PLUM POPPY NORTH City MALTA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼ | State Zip Code NY 12020 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 380.00 | Date of Receipt 99 16 2011 Transaction ID: SA11AI.7919 Amount of Each Receipt this Period 20.00 |
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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) DALE LEWIS Date of Receipt Mailing Address 117 PLUM POPPY NORTH 30 2011 City Zip Code State Transaction ID: SA11AI.7949 NY MALTA 12020 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 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. DALE LEWIS Date of Receipt Mailing Address 117 PLUM POPPY NORTH 10 14 2011 City State Zip Code Transaction ID: SA11AI.8005 NY MALTA 12020 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 420.00 Other (specify) Full Name (Last, First, Middle Initial) c. DALE LEWIS Date of Receipt Mailing Address 117 PLUM POPPY NORTH 28 10 2011 City Zip Code State Transaction ID: SA11AI.8034 NY MALTA 12020 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Occupation Name of Employer **PHARMACIST** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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| | Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) | Occupation PHARMACIST Aggregate Year-to-Date ▼ 480.00 | |
|----|---|---|---|
| C. | Full Name (Last, First, Middle Initial) DALE LEWIS Mailing Address 117 PLUM POPPY NORTH | | Date of Receipt 12 09 2011 |
| | City MALTA | State Zip Code NY 12020 | Transaction ID : SA11AI.8226 |
| | FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 20.00 |
| | Name of Employer | Occupation | |
| | OMNICARE, INC | PHARMACIST | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
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Form/Schedule: SA11AI Transaction ID: SA11AI.8226

Biweekly Payroll Deduction - \$20

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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) DALE LEWIS Date of Receipt Mailing Address 117 PLUM POPPY NORTH 2011 12 City Zip Code State Transaction ID: SA11AI.8279 NY MALTA 12020 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 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Andrea Lindell Date of Receipt Mailing Address 2008 Cedar View Drive 09 19 2011 City State Zip Code Transaction ID: SA11AI.7870 NC Greenboro 27455 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. One Time Contribution - \$2,500.00 Name of Employer Occupation Omnicare **Board of Directors** Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. THOMAS W LUDEKE Date of Receipt Mailing Address 10428 KONSTANTINE LANE 80 07 2011 City State Zip Code Transaction ID: SA11AI.7779 OH LOVELAND 45140 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Bi-weekly Payroll Deduction - \$25 Name of Employer Occupation VICE PRESIDENT OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 2545.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Form/Schedule: SA11AI Transaction ID: SA11AI.8279

Biweekly Payroll Deduction - \$20

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| Full Name (Last, First, Middle Initial) THOMAS W LUDEKE | | Date of Receipt |
|--|---------------------------------|------------------------------------|
| Mailing Address 10428 KONSTANTINE LANE | | 08 05 2011 _ |
| City | State Zip Code | Transaction ID : SA11AI.7824 |
| LOVELAND | OH 45140 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer OMNICARE, INC | Occupation VICE PRESIDENT | Bi-weekly Payroll Deduction - \$25 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |
| Full Name (Last, First, Middle Initial) | | |

c. THOMAS W LUDEKE Date of Receipt Mailing Address 10428 KONSTANTINE LANE 19 80 2011 Zip Code City State Transaction ID: SA11AI.7851 OH LOVELAND 45140 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Bi-weekly Payroll Deduction - \$25 Name of Employer Occupation OMNICARE, INC VICE PRESIDENT Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify)

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| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | Committee | |
| Full Name (Last, First, Middle Initial) THOMAS W LUDEKE Mailing Address 10428 KONSTANTINE LANE City | State Zip Code | Date of Receipt 09 02 2011 Transaction ID : SA11AI.7893 |
| EOVELAND FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC | OH 45140 C Occupation VICE PRESIDENT | Amount of Each Receipt this Period 25.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |
| Full Name (Last, First, Middle Initial) THOMAS W LUDEKE Mailing Address 10428 KONSTANTINE LANE | | Date of Receipt 09 16 2011 |
| City LOVELAND FEC ID number of contributing federal political committee. | State Zip Code OH 45140 | Transaction ID : SA11AI.7923 Amount of Each Receipt this Period 25.00 |
| Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼ | Occupation VICE PRESIDENT Aggregate Year-to-Date ▼ 475.00 | |
| Full Name (Last, First, Middle Initial) THOMAS W LUDEKE Mailing Address 10428 KONSTANTINE LANE | : | Date of Receipt 09 30 2011 |
| City LOVELAND FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) | State Zip Code OH 45140 C Occupation VICE PRESIDENT Aggregate Year-to-Date ▼ 500.00 | Transaction ID : SA11AI.7952 Amount of Each Receipt this Period 25.00 |
| SUBTOTAL of Receipts This Page (optional) | > | 75.00 |
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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) THOMAS W LUDEKE Date of Receipt Mailing Address 10428 KONSTANTINE LANE 2011 10 City Zip Code State Transaction ID: SA11AI.8008 OH LOVELAND 45140 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation OMNICARE, INC VICE PRESIDENT Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) B. THOMAS W LUDEKE Date of Receipt Mailing Address 10428 KONSTANTINE LANE 10 28 2011 City State Zip Code Transaction ID: SA11AI.8037 LOVELAND OH 45140 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation OMNICARE, INC VICE PRESIDENT Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) c. THOMAS W LUDEKE Date of Receipt Mailing Address 10428 KONSTANTINE LANE 11 10 2011 City Zip Code State Transaction ID: SA11AI.8120 OH LOVELAND 45140 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation VICE PRESIDENT OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 575.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Form/Schedule: SA11AI Transaction ID: SA11AI.8231

Biweekly Payroll Deduction - \$25

Form/Schedule: SA11AI Transaction ID: SA11AI.8289

Biweekly Payroll Deduction - \$25

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Form/Schedule: SA11AI Transaction ID: SA11AI.8308

Indpendent Check - \$500

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SCHEDULE A (FEC Form 3X)

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| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | Committee | |
| Full Name (Last, First, Middle Initial) Scott Nokes Mailing Address 25 Averdale Drive City Ballston Lake FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify) | State Zip Code NY 12019 C Occupation Pharmacist/GM Aggregate Year-to-Date ▼ 330.00 | Date of Receipt 10 28 2011 Transaction ID: SA11Al.8032 Amount of Each Receipt this Period 15.00 |
| Full Name (Last, First, Middle Initial) Scott Nokes Mailing Address 25 Averdale Drive City Ballston Lake FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: | State Zip Code NY 12019 C Occupation Pharmacist/GM Aggregate Year-to-Date ▼ | Date of Receipt 11 10 2011 Transaction ID: SA11AI.8113 Amount of Each Receipt this Period 15.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Scott Nokes Mailing Address 25 Averdale Drive | 345.00 | Date of Receipt 11 25 2011 |
| City Ballston Lake FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify) | State Zip Code NY 12019 C Occupation Pharmacist/GM Aggregate Year-to-Date ▼ 360.00 | Transaction ID : SA11AI.8157 Amount of Each Receipt this Period 15.00 |
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FOR LINE NUMBER: PAGE 72 OF 128 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) Scott Nokes Date of Receipt Mailing Address 25 Averdale Drive 09 2011 12 City Zip Code State Transaction ID: SA11AI.8222 NY **Ballston Lake** 12019 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Name of Employer Occupation Pharmacist/GM Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Scott Nokes Date of Receipt Mailing Address 25 Averdale Drive 12 23 2011 City State Zip Code Transaction ID: SA11AI.8276 Ballston Lake NY 12019 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation Omnicare Pharmacist/GM Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. CHRISTOPHER PALEN Date of Receipt Mailing Address 158 WORKS ROAD 10 14 2011 City Zip Code State Transaction ID: SA11AI.7991 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 210.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

1mage# 12970294730 PAGE 73 / 128

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SA11AI Transaction ID: SA11AI.8222

Biweekly Payroll Deduction - \$15

Form/Schedule: SA11AI Transaction ID: SA11AI.8276

FOR LINE NUMBER: PAGE 74 OF 128 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) CHRISTOPHER PALEN Date of Receipt Mailing Address 158 WORKS ROAD 2011 10 28 City Zip Code State Transaction ID: SA11AI.8024 NY HONEOYE FALLS 14472 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation OMNICARE INC GENERAL MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** CHRISTOPHER PALEN Date of Receipt Mailing Address 158 WORKS ROAD 11 10 2011 City State Zip Code Transaction ID: SA11AI.8103 HONEOYE FALLS NY 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 230.00 Other (specify) Full Name (Last, First, Middle Initial) c. CHRISTOPHER PALEN Date of Receipt Mailing Address 158 WORKS ROAD 11 25 2011 City Zip Code State Transaction ID: SA11AI.8143 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 - 9

SCHEDULE A (FEC Form 3X)

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| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | | |
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ITEMIZED RECEIPTS 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 09 2011 12 City Zip Code State Transaction ID: SA11AI.8213 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.** CHRISTOPHER PALEN Date of Receipt Mailing Address 158 WORKS ROAD 12 23 2011 City State Zip Code Transaction ID: SA11AI.8263 HONEOYE FALLS NY 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 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. DARREN PARKS Date of Receipt Mailing Address 3511 SORRENTO AVE 10 14 2011 City Zip Code State Transaction ID: SA11AI.7992 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 210.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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

1mage# 12970294733 PAGE 76 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8213

Biweekly Payroll Deduction - \$10

Form/Schedule: SA11AI Transaction ID: SA11AI.8263

FOR LINE NUMBER: PAGE 77 OF 128 Use separate schedule(s) (check only one) X 11a 11b 12 11c

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) DARREN PARKS Date of Receipt Mailing Address 3511 SORRENTO AVE 2011 10 28 City Zip Code State Transaction ID: SA11AI.8022 KY LOUISVILLE 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 220.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** DARREN PARKS Date of Receipt Mailing Address 3511 SORRENTO AVE 11 10 2011 City State Zip Code Transaction ID: SA11AI.8106 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 230.00 Other (specify) Full Name (Last, First, Middle Initial) c. DARREN PARKS Date of Receipt Mailing Address 3511 SORRENTO AVE 11 25 2011 City Zip Code State Transaction ID: SA11AI.8145 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 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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| | Statements may not be sold or used by any pers e name and address of any political committee to | |
|---|---|--|
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | Committee | |
| Full Name (Last, First, Middle Initial) DARREN PARKS Mailing Address 3511 SORRENTO AVE City LOUISVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) | State Zip Code KY 40241 C Occupation GENERAL MANAGER Aggregate Year-to-Date 250.00 | Date of Receipt 12 09 2011 Transaction ID: SA11AI.8202 Amount of Each Receipt this Period |
| Full Name (Last, First, Middle Initial) DARREN PARKS Mailing Address 3511 SORRENTO AVE City LOUISVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) | State Zip Code KY 40241 C Occupation GENERAL MANAGER Aggregate Year-to-Date 260.00 | Date of Receipt 12 23 2011 Transaction ID: SA11AI.8259 Amount of Each Receipt this Period |
| Full Name (Last, First, Middle Initial) Thomas Schleigh Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Bi-weekly Payroll Deduction - \$25 Receipt For: Primary General Other (specify) Other (specify) | State Zip Code C Occupation Aggregate Year-to-Date ▼ 225.00 | Date of Receipt 109 30 2011 Transaction ID: SA11AI.7950 Amount of Each Receipt this Period 25.00 |
| SUBTOTAL of Receipts This Page (optional) | > | 45.00 |
| TOTAL This Period (last page this line number | r only) | |

1mage# 12970294736 PAGE 79 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8202

Biweekly Payroll Deduction - \$10

Form/Schedule: SA11AI Transaction ID: SA11AI.8259

| | FOR LINE NUMBER: PAGE 80 OF | | | | | | | |
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| Use separate schedule(s) for each category of the | (check only one) | | | | | | | |
| Detailed Summary Page | X 11a 11b | 11c 12 | | | | | | |
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TOTAL This Period (last page this line number only).....

FEC ID number of contributing

federal political committee.

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| for each category of the Detailed Summary Page | | 11a | | 11b | | 11c | | 12 | | |
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| Name of Employer Bi-weekly Payroll Deduction - \$25 | Occupation | |
|--|---------------------------------|---|
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 435.00 | |
| | nber only) | 120.00 |
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40.00

1mage# 12970294739 PAGE 82 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8233

Biweekly Payroll Deduction - \$40

Form/Schedule: SA11AI Transaction ID: SA11AI.8292

FOR LINE NUMBER: PAGE 83 OF 128 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 2011 City Zip Code State Transaction ID: SA11AI.7842 MD **Baltimore** 21221 Amount of Each Receipt this Period FEC ID number of contributing C 12.40 federal political committee. Bi-weekly Payroll Deduction - \$12.40 Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 210.80 Other (specify) Full Name (Last, First, Middle Initial) B. Jaclyn Stricklin Date of Receipt Mailing Address 116 Virginia Avenue 09 02 2011 City State Zip Code Transaction ID: SA11AI.7883 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 223.20 Other (specify) Full Name (Last, First, Middle Initial) c. Jaclyn Stricklin Date of Receipt Mailing Address 116 Virginia Avenue 09 16 2011 City State Zip Code Transaction ID: SA11AI.7912 MD **Baltimore** 21221 Amount of Each Receipt this Period FEC ID number of contributing 12.40 С federal political committee. Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 235.60 Other (specify) 37.20 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 84 OF 128 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 85 OF 128 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 2011 City Zip Code State Transaction ID: SA11AI.8108 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 285.20 Other (specify) Full Name (Last, First, Middle Initial) B. Jaclyn Stricklin Date of Receipt Mailing Address 116 Virginia Avenue 11 25 2011 City State Zip Code Transaction ID: SA11AI.8153 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 297.60 Other (specify) Full Name (Last, First, Middle Initial) c. Jaclyn Stricklin Date of Receipt Mailing Address 116 Virginia Avenue 09 2011 Zip Code City State Transaction ID: SA11AI.8217 MD **Baltimore** 21221 Amount of Each Receipt this Period FEC ID number of contributing 12.40 С federal political committee. Name of Employer Occupation Omnicare General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 310.00 Other (specify) 37.20 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8217

Biweekly Payroll Deduction - \$12.40

Form/Schedule: Transaction ID:

FOR LINE NUMBER: PAGE 87 OF 128 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 2011 12 City Zip Code State Transaction ID: SA11AI.8273 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 322.40 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBIN TAYLOR Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 07 80 2011 City State Zip Code Transaction ID: SA11AI.7776 **INDIANAPOLIS** IN 46237 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Bi-weekly Payroll Deduction - \$20 Name of Employer Occupation **OMNICARE INC PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBIN TAYLOR Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 07 22 2011 Zip Code State Transaction ID: SA11AI.7758 IN **INDIANAPOLIS** 46237 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Bi-weekly Payroll Deduction - \$20 Occupation Name of Employer **PHARMACIST** OMNICARE INC Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 52.40 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8273

Biweekly Payroll Deduction - \$12.40

Form/Schedule: Transaction ID:

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| for each category of the Detailed Summary Page | × | 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) **ROBIN TAYLOR** Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 05 2011 City Zip Code State Transaction ID: SA11AI.7821 IN **INDIANAPOLIS** 46237 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Bi-weekly Payroll Deduction - \$20 Name of Employer Occupation OMNICARE INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBIN TAYLOR Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 08 19 2011 City State Zip Code Transaction ID: SA11AI.7850 **INDIANAPOLIS** IN 46237 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Bi-weekly Payroll Deduction - \$20 Name of Employer Occupation **OMNICARE INC PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBIN TAYLOR Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 02 09 2011 Zip Code State Transaction ID: SA11AI.7890 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 360.00 Other (specify) 60.00

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

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SCHEDULE A (FEC Form 3X)

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| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any per name and address of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action (| Committee | |
| Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE LANE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) | State Zip Code IN 46237 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 380.00 | Date of Receipt 16 2011 Transaction ID: SA11AI.7920 Amount of Each Receipt this Period 20.00 |
| Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE LANE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) | State Zip Code IN 46237 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 400.00 | Date of Receipt 09 30 2011 Transaction ID: SA11AI.7947 Amount of Each Receipt this Period 20.00 |
| Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE LANE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) | State Zip Code IN 46237 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 420.00 | Date of Receipt 10 14 2011 Transaction ID: SA11AI.8004 Amount of Each Receipt this Period 20.00 |
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FOR LINE NUMBER: PAGE 91 OF 128 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page 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 2011 10 28 City Zip Code State Transaction ID: SA11AI.8035 **INDIANAPOLIS** IN 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 440.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBIN TAYLOR Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 11 10 2011 City State Zip Code Transaction ID: SA11AI.8117 **INDIANAPOLIS** IN 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 460.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBIN TAYLOR Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 11 25 2011 Zip Code State Transaction ID: SA11AI.8160 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) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

SCHEDULE A (FEC Form 3X)

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| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and State or for commercial purposes, other than using the | atements may not be sold or used by any per name and address of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action C | Committee | |
| Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE LANE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) | State Zip Code IN 46237 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 500.00 | Date of Receipt 12 09 2011 Transaction ID: SA11Al.8228 Amount of Each Receipt this Period 20.00 |
| Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE LANE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) | State Zip Code IN 46237 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 520.00 | Date of Receipt 12 23 2011 Transaction ID: SA11AI.8280 Amount of Each Receipt this Period 20.00 |
| Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W City OSCEOLA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) | State Zip Code IN 46561 C Occupation PHARMACIST Aggregate Year-to-Date ▼ 350.00 | Date of Receipt 07 08 2011 Transaction ID: SA11AI.7778 Amount of Each Receipt this Period 25.00 Bi-weekly Payroll Deduction - \$25 |
| SUBTOTAL of Receipts This Page (optional) | > | 65.00 |
| TOTAL This Period (last page this line number o | only) | |

1mage# 12970294750 PAGE 93 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8228

Biweekly Payroll Deduction - \$20

Form/Schedule: SA11AI Transaction ID: SA11AI.8280

FOR LINE NUMBER: PAGE 94 OF 128 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) THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 2011 22 City Zip Code State Transaction ID: SA11AI.7766 **OSCEOLA** IN 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Bi-weekly Payroll Deduction - \$25 Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 08 05 2011 City State Zip Code Transaction ID: SA11AI.7823 **OSCEOLA** IN 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Bi-weekly Payroll Deduction - \$25 Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 80 19 2011 City Zip Code State Transaction ID: SA11AI.7853 IN **OSCEOLA** 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Bi-weekly Payroll Deduction - \$25 Name of Employer Occupation **PHARMACIST** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

| | FOF | R LINE | NU | MBER | : | PAGE | 95 OF | 128 |
|--|------|---------|----|------|---|------|-----------|-----|
| Use separate schedule(s) | (che | ck only | or | ne) | | | | |
| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | 12 | |
| ca, . ag. | | 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) THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 02 2011 City Zip Code State Transaction ID: SA11AI.7892 IN **OSCEOLA** 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 09 16 2011 City State Zip Code Transaction ID: SA11AI.7921 **OSCEOLA** IN 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 475.00 Other (specify) Full Name (Last, First, Middle Initial) c. THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 30 09 2011 City Zip Code State Transaction ID: SA11AI.7951 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 500.00 Other (specify)

- 9

75.00

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

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

| | FO | R LINE NUMBER: PAGE 96 OF | | | | | | | | 128 |
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| Use separate schedule(s) | (check only one) | | | | | | | | | |
| for each category of the Detailed Summary Page | <u> </u> | 1 1a | | 11b | | 11c | | 12 | | |
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| | Statements may not be sold or used by any person e name and address of any political committee to | |
|---|--|---|
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | Committee | |
| Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W | | Date of Receipt |
| City | Charles 7: p Co-1- | 10 14 2011 |
| City OSCEOLA | State Zip Code IN 46561 | Transaction ID : SA11AI.8009 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 25.00 |
| Name of Employer OMNICARE, INC | Occupation PHARMACIST | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 525.00 | |
| Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W | | Date of Receipt |
| | | 10 28 2011 |
| City OSCEOLA | State Zip Code IN 46561 | Transaction ID : SA11AI.8039 |
| FEC ID number of contributing federal political committee. | IN 46561 | Amount of Each Receipt this Period 25.00 |
| Name of Employer OMNICARE, INC | Occupation PHARMACIST | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | |
| Full Name (Last, First, Middle Initial) THOMAS TUCKER | | Date of Receipt |
| Mailing Address 11201 RIVER OAKS LN W | | 11 10 2011 |
| City OSCEOLA | State Zip Code IN 46561 | Transaction ID : SA11AI.8121 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 25.00 |
| Name of Employer | Occupation | |
| OMNICARE, INC | PHARMACIST | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 575.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 75.00 |
| TOTAL This Period (last page this line number | <u> </u> | |

FOR LINE NUMBER: PAGE 97 OF 128 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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1mage# 12970294755 PAGE 98 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8230

Biweekly Payroll Deduction - \$25

Form/Schedule: SA11AI Transaction ID: SA11AI.8288

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| Use separate schedule(s) | (che | eck only | or | ne) | | | | | | |
| for each category of the Detailed Summary Page | × | 11a | | 11b | | 11c | | 12 | | |
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| Any information copied from such Reports and or for commercial purposes, other than using the such that the such t | I Statements may not be sold or used by any persthe 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) Amy Wallman Mailing Address 124 Deer Estates Lane City Ponte Vedra Beach FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify) Other (specify) | State Zip Code FL 32082 C Occupation Board of Directors Aggregate Year-to-Date ▼ 2500.00 | Date of Receipt 16 2011 Transaction ID : SA11AI.7869 Amount of Each Receipt this Period 2500.00 One Time Contribution - \$2,500 |
| Full Name (Last, First, Middle Initial) Timmy Waters Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Bi-weekly Payroll Deduction - \$15 Receipt For: Primary General Other (specify) Other (specify) | State Zip Code C Occupation Aggregate Year-to-Date ▼ 210.00 | Date of Receipt 12 09 2011 Transaction ID: SA11Al.8219 Amount of Each Receipt this Period 15.00 |
| Full Name (Last, First, Middle Initial) Timmy Waters Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Bi-weekly Payroll Deduction - \$15 Receipt For: Primary General Other (specify) Other (specify) | State Zip Code C Occupation Aggregate Year-to-Date ▼ | Date of Receipt 12 23 2011 Transaction ID : SA11AI.8278 Amount of Each Receipt this Period 15.00 |
| SUBTOTAL of Receipts This Page (optional). | • | 2530.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 12970294757 PAGE 100 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8219

Biweekly Payroll Deduction - \$15

Form/Schedule: SA11AI Transaction ID: SA11AI.8278

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| Use separate schedule(s) | (che | ck only | or | ne) | | | | | | |
| for each category of the Detailed Summary Page | × | 11a | | 11b | | 11c | | 12 | | |
| , | | 13 | | 14 | | 15 | | 16 | | 17 |

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| SUBTOTAL of Receipts This Page (optional) | | 7 | | 7 | 3 | 30.00 |) | |
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| TOTAL This Period (last page this line number only) | | - 1 | | 7 | | | | |

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 102 OF 128

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and Sta or for commercial purposes, other than using the r | tements may not be sold or used by any per name and address of any political committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action C | committee | |
| Full Name (Last, First, Middle Initial) Thomas Weiss Mailing Address 1601 Springdale Road City Cherry Hill FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) | State Zip Code NJ 08003 C Occupation Product Manager/Business Process Archi Aggregate Year-to-Date ▼ 240.00 | Date of Receipt 1.1 25 2011 Transaction ID: SA11AI.8144 Amount of Each Receipt this Period 10.00 |
| Full Name (Last, First, Middle Initial) Thomas Weiss Mailing Address 1601 Springdale Road City Cherry Hill FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) | State Zip Code NJ 08003 C Occupation Product Manager/Business Process Archi Aggregate Year-to-Date ▼ 250.00 | Date of Receipt 12 09 2011 Transaction ID: SA11AI.8209 Amount of Each Receipt this Period 10.00 |
| Full Name (Last, First, Middle Initial) Thomas Weiss Mailing Address 1601 Springdale Road City Cherry Hill FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) | State Zip Code NJ 08003 C Occupation Product Manager/Business Process Archi Aggregate Year-to-Date ▼ 260.00 | Date of Receipt 12 23 2011 Transaction ID: SA11AI.8254 Amount of Each Receipt this Period |
| SUBTOTAL of Receipts This Page (optional) | > | 30.00 |
| TOTAL This Period (last page this line number or | | |

1mage# 12970294760 PAGE 103 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8209

Biweekly Payroll Deduction - \$10

Form/Schedule: SA11AI Transaction ID: SA11AI.8254

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 104 OF 128 Use separate schedule(s) (check only one)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| 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 | ommittee | |
| Name of Employer Omnicare Receipt For: Primary Other (specify) Other (specify | State Zip Code OK 73034 C Decupation harmacist Aggregate Year-to-Date ▼ 250.00 | Date of Receipt 10 23 2011 Transaction ID: SA11AI.7978 Amount of Each Receipt this Period 250.00 One-time Contribution - \$250.00 |
| Name of Employer OMNICARE INC Receipt For: | State Zip Code UT 84065 C Cccupation HARMACIST Aggregate Year-to-Date 210.00 | Date of Receipt 10 14 2011 Transaction ID : SA11AI.7995 Amount of Each Receipt this Period 10.00 |
| Name of Employer OMNICARE INC Possint For: | State Zip Code UT 84065 C Decupation CHARMACIST Aggregate Year-to-Date ▼ | Date of Receipt 10 28 2011 Transaction ID: SA11AI.8023 Amount of Each Receipt this Period |
| SUBTOTAL of Receipts This Page (optional) | | 270.00 |
| TOTAL This Period (last page this line number only | <i>(</i>) | |

| | FOR LINE NUMBER: PAGE 105 | OF 128 |
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| Use separate schedule(s) | (check only one) | |
| for each category of the Detailed Summary Page | X 11a 11b 11c 12 | |
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| Other (specify) | , 240.00 | |
|--|---|---|
| Full Name (Last, First, Middle Initial) MICHAEL WOOD Mailing Address 3458 MIDAS RIDGE LANE | | Date of Receipt 12 09 2011 |
| City RIVERTON FEC ID number of contributing federal political committee. | State Zip Code UT 84065 | Transaction ID : SA11AI.8203 Amount of Each Receipt this Period 10.00 |
| Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) | Occupation PHARMACIST Aggregate Year-to-Date ▼ 250.00 | |

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

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

30.00

1mage# 12970294763 PAGE 106 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8203

Biweekly Payroll Deduction - \$10

Form/Schedule: Transaction ID:

| | FOR LINE NUMBER: PAG | GE 107 OF 128 |
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| Use separate schedule(s) for each category of the | (check only one) | |
| Detailed Summary Page | X 11a 11b 11c | 12 |
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| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1375.00 | |
|--|---|--|
| Full Name (Last, First, Middle Initial) John Workman Mailing Address 100 E RiverCenter Blvd. City | State Zip Code | Date of Receipt 07 22 2011 Transaction ID : SA11AL7765 |
| Covington FEC ID number of contributing federal political committee. | KY 41011 | Amount of Each Receipt this Period |
| Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation CFO Aggregate Year-to-Date ▼ 1500.00 | Bi-weekly Payroll Deduction - \$125 |
| CURTOTAL of Provints This Prove (autions) | | 260.00 |

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

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

1mage# 12970294765 PAGE 108 / 128

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SA11AI Transaction ID: SA11AI.8269

Biweekly Payroll Deduction - \$10

Form/Schedule: Transaction ID:

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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) John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 05 2011 City State Zip Code Transaction ID: SA11AI.7828 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Bi-weekly Payroll Deduction - \$125 Name of Employer Occupation Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1625.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 08 19 2011 City State Zip Code Transaction ID: SA11AI.7857 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Bi-weekly Payroll Deduction - \$125 Name of Employer Occupation Omnicare, Inc. **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 02 09 2011 City State Zip Code Transaction ID: SA11AI.7898 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation

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

1875.00

CFO

Aggregate Year-to-Date ▼

Omnicare, Inc. Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 110 OF 128

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and Stateme or for commercial purposes, other than using the name | | |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com | mittee | |
| Omnicare, Inc. CFO | y 41011 | Date of Receipt 09 16 2011 Transaction ID: SA11AI.7927 Amount of Each Receipt this Period 125.00 |
| Omnicare, Inc. | ' | Date of Receipt 09 30 2011 Transaction ID : SA11AI.7957 Amount of Each Receipt this Period |
| Omnicare, Inc. CFO | Y 41011 | Date of Receipt 10 14 2011 Transaction ID: SA11AI.8014 Amount of Each Receipt this Period 125.00 |
| SUBTOTAL of Receipts This Page (optional) | | 375.00 |
| TOTAL This Period (last page this line number only) | | |

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 111 OF 128

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and Statements or for commercial purposes, other than using the name as | | |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm | iittee | |
| Full Name (Last, First, Middle Initial) John Workman Mailing Address 100 E RiverCenter Blvd. City State Covington KY FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ Aggregation | 41011 | Date of Receipt 10 28 2011 Transaction ID: SA11AI.8047 Amount of Each Receipt this Period 125.00 |
| Full Name (Last, First, Middle Initial) John Workman Mailing Address 100 E RiverCenter Blvd. City State Covington KY FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ Aggregation | 41011 | Date of Receipt 11 10 2011 Transaction ID : SA11AI.8134 Amount of Each Receipt this Period 125.00 |
| Full Name (Last, First, Middle Initial) John Workman Mailing Address 100 E RiverCenter Blvd. City State Covington KY FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) General | 41011 | Date of Receipt 11 25 2011 Transaction ID : SA11AI.8180 Amount of Each Receipt this Period 125.00 |
| SUBTOTAL of Receipts This Page (optional) | | 375.00 |
| TOTAL This Period (last page this line number only) | | |

FOR LINE NUMBER: PAGE 112 OF 128 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 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 Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 09 2011 12 City State Zip Code Transaction ID: SA11AI.8246 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 2750.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 12 23 2011 City State Zip Code Transaction ID: SA11AI.8306 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 2875.00 Other (specify) Full Name (Last, First, Middle Initial) c. MICHAEL ZANDRI Date of Receipt Mailing Address 8215 ROYAL SCARLET DRIVE 80 07 2011 State Zip Code Transaction ID: SA11AI.7783 **BALDWINSVILLE** NY 13027 Amount of Each Receipt this Period FEC ID number of contributing 15.00 С federal political committee. Bi-weekly Payroll Deduction - \$15 Name of Employer Occupation **OMNICARE INC** PHARMACIST/AREA MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 265.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

1mage# 12970294770 PAGE 113 / 128

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Form/Schedule: SA11AI Transaction ID: SA11AI.8246

Biweekly Payroll Deduction - \$125

Form/Schedule: SA11AI Transaction ID: SA11AI.8306

Biweekly Payroll Deduction - \$125

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| Use separate schedule(s) for each category of the | (0 | che | ck only | or | ne) | | | | _ | | |
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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) MICHAEL ZANDRI Date of Receipt Mailing Address 8215 ROYAL SCARLET DRIVE 2011 22 City Zip Code State Transaction ID: SA11AI.7760 NY BALDWINSVILLE 13027 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Bi-weekly Payroll Deduction - \$15 Name of Employer Occupation OMNICARE INC PHARMACIST/AREA MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MICHAEL ZANDRI Date of Receipt Mailing Address 8215 ROYAL SCARLET DRIVE 08 05 2011 City State Zip Code Transaction ID: SA11AI.7818 **BALDWINSVILLE** NY 13027 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Bi-weekly Payroll Deduction - \$15 Name of Employer Occupation **OMNICARE INC** PHARMACIST/AREA MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. MICHAEL ZANDRI Date of Receipt Mailing Address 8215 ROYAL SCARLET DRIVE 80 19 2011 State Zip Code Transaction ID: SA11AI.7847 **BALDWINSVILLE** NY 13027 Amount of Each Receipt this Period FEC ID number of contributing 15.00 С federal political committee. Bi-weekly Payroll Deduction - \$15 Name of Employer Occupation **OMNICARE INC** PHARMACIST/AREA MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 115 OF 128 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 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 ZANDRI Date of Receipt Mailing Address 8215 ROYAL SCARLET DRIVE 2011 02 City Zip Code State Transaction ID: SA11AI.7887 NY BALDWINSVILLE 13027 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation OMNICARE INC PHARMACIST/AREA MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MICHAEL ZANDRI Date of Receipt Mailing Address 8215 ROYAL SCARLET DRIVE 09 16 2011 City State Zip Code Transaction ID: SA11AI.7913 **BALDWINSVILLE** NY 13027 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation **OMNICARE INC** PHARMACIST/AREA MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 285.00 Other (specify) Full Name (Last, First, Middle Initial) c. MICHAEL ZANDRI Date of Receipt Mailing Address 8215 ROYAL SCARLET DRIVE 30 09 2011 State Zip Code Transaction ID: SA11AI.7944 NY **BALDWINSVILLE** 13027 Amount of Each Receipt this Period FEC ID number of contributing 15.00 С federal political committee. Name of Employer Occupation PHARMACIST/AREA MANAGER **OMNICARE INC** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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| CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | | R LINE | NUMBER: v one) | PAG | E 1 | 16 OF | 128 |
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| y information copied from such Reports a for commercial purposes, other than using | | | | | | | | | |
| NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action | on Committe | ee | | | | | | | |
| Full Name (Last, First, Middle Initial) MICHAEL ZANDRI | | | | Date of | Receipt | | | | |
| Mailing Address 8215 ROYAL SCARLET | DRIVE | | | M = M | / D D D | / Y | |)11 <u> </u> | |
| City BALDWINSVILLE | State NY | Zip Code 13027 | | | action ID : S | | | | _ |
| FEC ID number of contributing federal political committee. | C | | | | | 7 | | 15.00 |) |
| Name of Employer OMNICARE INC | Occupation | IST/AREA MANAGER | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 315.00 |] | | | | | | |
| Full Name (Last, First, Middle Initial) MICHAEL ZANDRI | ' | | | Date of | Receipt | | | | |
| Mailing Address 8215 ROYAL SCARLET | DRIVE | | | M = M | / D D D 28 | / Y | | 11 | 1 |
| City BALDWINSVILLE | State NY | Zip Code 13027 | | | action ID: S | | 8029 |) | _ |
| FEC ID number of contributing federal political committee. | С | | | Amount of Each Receipt this Period 15.00 | | | |) | |
| Name of Employer OMNICARE INC | Occupation PHARMACI | IST/AREA MANAGER | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 330.00 |] | | | | | | |
| Full Name (Last, First, Middle Initial) MICHAEL ZANDRI | | | С | Date of | Receipt | | | | |
| Mailing Address 8215 ROYAL SCARLET | | 7. 0.4 | | M - M | / D D D | / Y | 20 | 11 | |
| City BALDWINSVILLE | State NY | Zip Code 13027 | | | action ID: Solution of Each Re | | | | |
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| Name of Employer | Occupation | | | | | | | | |

PHARMACIST/AREA MANAGER

345.00

Aggregate Year-to-Date ▼

45.00

OMNICARE INC

Primary

Other (specify) ▼

General

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

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

Receipt For:

B.

C.

FOR LINE NUMBER: PAGE 117 OF 128 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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Form/Schedule: SA11AI Transaction ID: SA11AI.8221

Biweekly Payroll Deduction - \$15

Form/Schedule: SA11AI Transaction ID: SA11AI.8275

Biweekly Payroll Deduction - \$15

| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: | PAGE 119 OF 128 |
|--|---|-------------------|--------------------|------------------------|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only one) | | |
| | Detailed Summary Page | 21b | 22 X 23 | 24 25 26 28c 29 30b |
| | <u> </u> | 27 | 28a 28b | |
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| NAME OF COMMITTEE (In Full) | , , | | | |
| OmniCare, Inc. Politcal Action Co | mmittee | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| A. CAPITO, SHELLEY MOORE MS. | | | Date of Disburseme | nt |
| Mailing Address 2 COMSTOCK PL | | | 10 / 31 | 2011 |
| City | State Zip Code | | | |
| CHARLESTON | WV 25314 | | Transaction ID : S | B23.8069 |
| Purpose of Disbursement Contribution - \$1,000.00 | | 004 | Amount of Each Dis | sbursement this Period |
| Candidate Name | | Category/ | | 1000.00 |
| CAPITO, SHELLEY MOORE MS. | | Туре | | 1000.00 |
| Office Sought: House Disburse | ment For: 2012 Primary General Other (specify) ▼ | | | |
| State: WV District: 02 | | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| B. FRIENDS OF DAVE REICHERT | | | Date of Disburseme | |
| Mailing Address P. O. BOX 53322 | | | 10 31 | 2011 |
| City BELLEVUE | State Zip Code WA 98015 | | Transaction ID : S | B23.8070 |
| Purpose of Disbursement | 90013 | | | |
| Contribution - \$1,000.00 | | 004 | Amount of Each Dis | sbursement this Period |
| Candidate Name | | Category/ | | 1000.00 |
| FRIENDS OF DAVE REICHERT | | Туре | | 1000.00 |
| | ment For: 2012 Primary General Other (specify) | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| C. FRIENDS OF JOHN BARROW | | | Date of Disburseme | nt |
| | | | M M / D D | / |
| Mailing Address PO Box 8166 | | | 07 22 | 2011 |
| City | State Zip Code | | | ND00 ==00 |
| Savannah | GA 31412 | | Transaction ID : S | 5B23.7738 |
| Purpose of Disbursement Contribution - \$1,500 | | | | |
| Candidate Name | | 004 | Amount of Each Dis | sbursement this Period |
| FRIENDS OF JOHN BARROW | | Category/ Type | | 1500.00 |
| | ment For: 2012 | туре | | 7 |
| Senate President | Primary General Other (specify) ▼ | | | |
| State: GA District: 12 | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | ····· | 7 | 3500.00 |
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| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 120 OF | 128 |
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| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | one) | |
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| NAME OF COMMITTEE (In Full) | mo and address of any points | | Const Continuation from Cash Committee | • |
| OmniCare, Inc. Political Action Co | nmmittee | | | |
| Offinioare, me. Tomear Action of | minite C | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| A. GERLACH, JIM | | | Date of Disbursement | |
| Mailing Address 649 DEEP HOLLOW LANE | | | 07 22 2011 | 1 |
| Mailing Address 649 DEEF HOLLOW LANE | | | 07 22 2011 | |
| City | State Zip Code | | Transaction ID : CD22 7742 | |
| CHESTER SPRINGS | PA 19425 | | Transaction ID : SB23.7742 | |
| Purpose of Disbursement Contribution - \$1,000 | | 004 | Amount of Fook Diskumpersont this Do | اسماند |
| Candidate Name | | 004 | Amount of Each Disbursement this Per | riod |
| GERLACH, JIM | | Category/ Type | 1000.00 | 0 |
| | ement For: 2012 | .,,,, | | |
| Senate | Primary General | | | |
| President | Other (specify) ▼ | | | |
| State: PA District: 06 | | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Disbursement | |
| B. GERLACH, JIM | | | | |
| Mailing Address 649 DEEP HOLLOW LANE | | | 10 31 _ 2011 _ | |
| | | | | |
| City | State Zip Code | | Transaction ID : SB23.8065 | |
| CHESTER SPRINGS Purpose of Disbursement | PA 19425 | | | |
| Contribution - \$1,000.00 | | 004 | Amount of Each Disbursement this Per | riod |
| Candidate Name | | Category/ | | |
| GERLACH, JIM | | Type | 1000.0 | 0 |
| | ement For: 2012 | | | |
| Senate President | Primary General | | | |
| State: PA District: 06 | Other (specify) ▼ | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| C. GINGREY FOR CONGRESS | | | Date of Disbursement | |
| | | | M M / D D / Y Y Y Y | 1 |
| Mailing Address PO BOX U | | | 10 11 2011 | |
| City | State Zip Code | | | |
| MARIETTA | GA 30060 | | Transaction ID : SB23.8056 | |
| Purpose of Disbursement | | | | |
| Contribution - \$1,000.00 | | 004 | Amount of Each Disbursement this Per | riod |
| Candidate Name GINGREY FOR CONGRESS | | Category/ | 1000.00 | 0 |
| | ement For: 2012 | Туре | 7 7 | |
| Senate | Primary General | | | |
| President | Other (specify) ▼ | | | |
| State: GA District: 11 | | | | |
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| SCHEDULE B (FEC Form 3X) | | , FOR LINE | PAGE 121 OF 128 | |
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| ITEMIZED DISBURSEMENTS | Use separate schedule(for each category of the | (s) (check only one) | | |
| | Detailed Summary Page | | 22 X 23 28b | 24 25 26 28c 29 30 |
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| or for commercial purposes, other than using the na | me and address of any pol | itical committee to | solicit contributions fro | m such committee. |
| NAME OF COMMITTEE (In Full) | mmittos | | | |
| OmniCare, Inc. Politcal Action Co | mmittee | | | |
| Full Name (Last, First, Middle Initial) | | | Data of Diahumana | at. |
| A. GOWDY, TREY | | | Date of Disbursemen | nt |
| Mailing Address PO BOX 3324 | | | 07 22 | 2011 |
| City | State Zip Code | | Transaction ID : SI | R23 77/3 |
| SPARTANBURG | SC 29304 | | Transaction ID: Si | 523.7743 |
| Purpose of Disbursement Contribution - \$1,000 | | 004 | Amount of Each Dis | bursement this Period |
| Candidate Name | | Category/ | | 1000.00 |
| GOWDY, TREY Office Sought: House Disburse | ement For: 2012 | Туре | | 7 |
| | Primary General | | | |
| President | Other (specify) ▼ | | | |
| State: SC District: 04 | - | | | |
| Full Name (Last, First, Middle Initial) | | | D | |
| B. GRAVES FOR CONGRESS | | | Date of Disbursemen | |
| Mailing Address 2345 GRAND, SUITE 2400 | | | 07 22 | 2011 |
| Mailing Address 2345 GRAND, SUITE 2400 | | | 01 22 | 2011 |
| City | State Zip Code | | Transaction ID : S | B23.7744 |
| KANSAS CITY Purpose of Disbursement | MO 64108 | | | |
| Contribution - \$1,000 | | 004 | Amount of Each Dis | bursement this Period |
| Candidate Name | | Category/ | | |
| GRAVES FOR CONGRESS | | Type | | 1000.00 |
| | ement For: 2012 | • | | |
| | Primary General | | | |
| State: MO District: 06 | Other (specify) | | | |
| State: MO District: 06 Full Name (Last, First, Middle Initial) | | | | |
| C. GUTHRIE FOR CONGRESS | | | Date of Disbursemen | nt |
| | | | M M / D D | / Y = Y = Y |
| Mailing Address PO BOX 9639 | | | 10 31 | 2011 |
| City | State Zip Code | | T (1 10 C) | Dog 0000 |
| BOWLING GREEN | KY 42102 | | Transaction ID : S | B23.8068 |
| Purpose of Disbursement Contribution - \$1,000.00 | | | | |
| Candidate Name | | 004 | Amount of Each Dis | bursement this Period |
| GUTHRIE FOR CONGRESS | | Category/ Type | | 1000.00 |
| | ement For: 2012 | i ype | | 7 |
| Senate | Primary General | | | |
| President | Other (specify) ▼ | | | |
| State: KY District: 02 | - | | | |
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| SCHEDULE B (FEC Form 3X) | Han annewster selection (177) | FOR LINE | NUMBER: PAGE 122 OF 128 |
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| or for commercial purposes, other than using th | | | |
| NAME OF COMMITTEE (In Full) | | | |
| OmniCare, Inc. Politcal Action | Committee | | |
| Full Name (Last, First, Middle Initial) | | I | |
| A. NATIONAL REPUBLICAN COL | NGRESSIONAL COMM | | Date of Disbursement |
| | | | M M / D D / Y Y Y Y |
| Mailing Address 320 FIRST STREET | | | 08 30 2011 |
| City | State Zip Code | | |
| WASHINGTON | DC 20003 | | Transaction ID : SB23.7861 |
| Purpose of Disbursement Contribution - \$5,000.00 | | | Amount of Foot Distriction 1911 D. 111 |
| Candidate Name | | | Amount of Each Disbursement this Period |
| Carallatio Hallio | | Category/ Type | 5000.00 |
| Office Sought: House Disk | oursement For: 2012 | .,,,, | |
| Senate | Y Primary General | | |
| President | Other (specify) ▼ | | |
| State: District: Full Name (Last, First, Middle Initial) | | | |
| B. PALLONE FOR CONGRESS | | | Date of Disbursement |
| | | | M M / D D / Y Y Y Y |
| Mailing Address PO BOX 3176 | | | 10 11 2011 |
| City | State Zip Code | | Transaction ID : SB23.8055 |
| Long Branch Purpose of Disbursement | NJ 07740 | | |
| Contribution - \$1,000.00 | | 004 | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 4000.00 |
| PALLONE FOR CONGRESS | . = | Туре | 1000.00 |
| Office Sought: House Dist | oursement For: 2012 Primary General | | |
| President | Other (specify) | | |
| State: NJ District: 06 | | | |
| Full Name (Last, First, Middle Initial) | | | |
| C. SCHOCK FOR CONGRESS | | | Date of Disbursement |
| Mailing Address DO DOY 40555 | | | 10 31 2011 |
| Mailing Address PO BOX 10555 | | | 10 31 2011 |
| City | State Zip Code | | Transaction ID : SB23.8066 |
| PEORIA | IL 61612 | | 11alisaction iD . 3D23.0000 |
| Purpose of Disbursement Contribution - \$1,000.00 | | 004 | Amount of Foot Distriction 1911 D. 111 |
| Candidate Name | | | Amount of Each Disbursement this Period |
| SCHOCK FOR CONGRESS | | Category/ Type | 1000.00 |
| | oursement For: 2012 | | , |
| Senate | Primary General | | |
| State: IL District: 18 | Other (specify) ▼ | | |
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| TEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | • |
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| 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) | | | |
| A. SENSENBRENNER COMMIT | ΓEE | | Date of Disbursement |
| Mailing Address PO BOX 575 | | | 10 31 2011 |
| City | State Zip Code | | Transaction ID - CD22 9074 |
| BROOKFIELD | WI 53008 | | Transaction ID : SB23.8071 |
| Purpose of Disbursement Contribution - \$1,000.00 | | 004 | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 1000.00 |
| SENSENBRENNER COMMITT | | Туре | 1000.00 |
| Office Sought: House Disk | oursement For: 2012 Primary General | | |
| President | Other (specify) | | |
| State: WI District: 05 | Care (eposity) V | | |
| Full Name (Last, First, Middle Initial) | | | |
| B. TREY GOWDY FOR CONGRE | ESS | | Date of Disbursement |
| Mailing Address PO BOX 3324 | | | 10 31 2011 |
| City | State Zip Code | | Transaction ID : SB23.8067 |
| SPARTANBURG | SC 29304 | | Transaction ib . 3D23.0007 |
| Purpose of Disbursement Contribution - \$1,000.00 | | 004 | Amount of Each Disbursement this Period |
| Candidate Name | | | |
| | | Category/ | 1000.00 |
| TREY GOWDY FOR CONGRE | | Category/ Type | 1000.00 |
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| SCHEDULE B (FEC Form 3X) | Han anneath and 11.00 | FOR LINE | PAGE 124 OF 128 | |
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| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only one) | | |
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| or for commercial purposes, other than using the name | | | | |
| NAME OF COMMITTEE (In Full) | *** | | | |
| OmniCare, Inc. Politcal Action Con | nmittee | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| A. WILSON FOR SENATE | | | Date of Disburseme | |
| Mailing Address PO BOX 10248 | | | 10 / 11 | 2011 |
| City | State Zip Code | | | |
| | NM 87184 | | Transaction ID : S | 6B23.8054 |
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| or for commercial purposes, other than using the r | ame and address of any poli | tical committee to | o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| OmniCare, Inc. Politcal Action C | ommittee | | |
| Full Name (Last, First, Middle Initial) | | | |
| A. FRIENDS OF CHRIS MURPHY | | | Date of Disbursement |
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| Mailing Address PO BOX 127 | | | 11 17 2011 |
| City | State Zip Code | | |
| CHESHIRE | CT 06410 | | Transaction ID : SB29.8185 |
| Purpose of Disbursement Contribution | | 044 | |
| Candidate Name | | 011 | Amount of Each Disbursement this Period |
| FRIENDS OF CHRIS MURPHY | | Category/ Type | 500.00 |
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| Mailing Address PO BOX 775 | | | 11 17 2011 |
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| City UNIONVILLE | State Zip Code PA 19375 | | Transaction ID : SB29.8182 |
| Purpose of Disbursement | 13073 | | |
| Contribution | | 005 | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 1000.00 |
| FRIENDS OF JOE PITTS Office Sought: House Disburs | sement For: 2012 | Type | 1000.00 |
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| President | Other (specify) | | |
| State: PA District: 16 | | | |
| Full Name (Last, First, Middle Initial) | | | |
| C. HATCH ELECTION COMMITTE | E INC | | Date of Disbursement |
| Mailing Address 175 SOUTH WEST TEMPLE SI | IITE 650 | | 11 14 2011 |
| Maining Address 175 SOUTH WEST TEMPLE SO | 000 mile 000 | | 11 14 2011 |
| City | State Zip Code | | Transaction ID : SB29.8184 |
| SALT LAKE CITY Purpose of Disbursement | UT 84101 | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | OmniCare, Inc. Politcal Action Cor | nmittee | | | | | | | | | | | |
| V | The state of the s | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| A. | Mellon Financial | | | | | | Date o | f Dis | sburse | ment | | | |
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| | Mailing Address 500 Ross Street | | | | | | 07 25 2011 | | | | | | |
| | Room 1380 | | | | | + | | | | | | | |
| | City S Pittsburgh | State PA | Zip Code 15262-0001 | | | | Trans | sacti | ion ID | : SB29 | .7860 | | |
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| | Account Analysis Fees - \$48.45 | | | Г. | | | Amoun | t of | Each | Disburs | sement t | his Pe | eriod |
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| | Account Analysis Fees - \$39.11 | | | | | $\neg \bot$ | | | | D: / | | | |
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| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 127 OF 128 | | | | |
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| NAME OF COMMITTEE (In Full) | , p | | | | | | |
| OmniCare, Inc. Political Action Co | mmittee | | | | | | |
| / Crimicare, me. 1 emean retient ce | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| A. Mellon Financial | Date of Disbursement 10 25 2011 | | | | | | |
| Mailing Address 500 Ross Street | | | | | | | |
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| City | | Transaction ID : SB29.7982 | | | | | |
| Pittsburgh | PA 15262-0001 | | Transaction ID: 3B29.7982 | | | | |
| Purpose of Disbursement Account Analysis Fees - \$59.69 | | | Amount of Fook Dichurcoment this Deviced | | | | |
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| | | Category/ Type | 39.32 | | | | |
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| , | State Zip Code PA 15262-0001 | | Transaction ID : SB29.8187 | | | | |
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| SCHEDULE B (FEC Form 3X) | | FOR LINE I | NUMBER: | PAGE 128 OF 128 | | | |
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| or for commercial purposes, other than using the nam | e and address of any political | committee to | SOIICIT CONTRIBUTIONS | irom such committee. | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | |
| OmniCare, Inc. Politcal Action Con | nmittee | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| A. PORT PAC | Date of Disbursement | | | | | | |
| Mailing Address 200 toll Or NIM | M M / D I | | | | | | |
| Mailing Address 900 19th St, NW 8th Floor | 12 15 2011 | | | | | | |
| City | | | | | | | |
| | State Zip Code DC 20006 | | Transaction ID : | SB29.8321 | | | |
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