

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

Office Use Only

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

12FE4M5

OmniCare, Inc. Political Action Committee

ADDRESS (number and street) ▼

1600 River Center II

100 East River Center Blvd

☐ Check if different than previously reported. (ACC)

Covington

KY

41101

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00392886

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☒ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas R Marsh

Signature of Treasurer

Thomas R Marsh

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

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

Page 3

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2011

To:

M M / D D / Y Y Y Y Y
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

3782.87

8452.75

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

19721.91

30076.82

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

19721.91

30076.82

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	34500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	4775.89	5071.75
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25275.89	39571.75
32. 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 Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19721.91	30076.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19721.91	30076.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 128

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : SA11Al.7797

Amount of Each Receipt this Period

41.67

Bi-weekly Payroll Deduction - \$41.67

Full Name (Last, First, Middle Initial)

B. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2011

Transaction ID : SA11Al.7749

Amount of Each Receipt this Period

41.67

Bi-weekly Payroll Deduction - \$41.67

Full Name (Last, First, Middle Initial)

C. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2011

Transaction ID : SA11Al.7826

Amount of Each Receipt this Period

41.67

Bi-weekly Payroll Deduction - \$41.67

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

125.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

708.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2011

Transaction ID : SA11AI.7855

Amount of Each Receipt this Period

41.67

Bi-weekly Payroll Deduction - \$41.67

Full Name (Last, First, Middle Initial)

B. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2011

Transaction ID : SA11AI.7896

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

791.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Transaction ID : SA11AI.7925

Amount of Each Receipt this Period

41.67

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

125.01

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

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

Use separate schedule(s)
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Detailed Summary Page

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City
VILLA HILLS

State Zip Code
KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.7954

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City
VILLA HILLS

State Zip Code
KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.8011

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City
VILLA HILLS

State Zip Code
KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : SA11AI.8041

Amount of Each Receipt this Period

41.67

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

125.01

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City
VILLA HILLS

State Zip Code
KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

958.41

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.8128

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City
VILLA HILLS

State Zip Code
KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.8172

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City
VILLA HILLS

State Zip Code
KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.75

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.8238

Amount of Each Receipt this Period

41.67

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

125.01

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8238

Biweekly Payroll Deduction - \$41.67

Form/Schedule:

Transaction ID:

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
 Plainfield IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : SA11AI.7792

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deduction - \$15

Full Name (Last, First, Middle Initial)

B. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
 Plainfield IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 22 / 2011

Transaction ID : SA11AI.7757

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deduction - \$15

Full Name (Last, First, Middle Initial)

C. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
 Plainfield IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 05 / 2011

Transaction ID : SA11AI.7815

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deduction - \$15

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 12 OF 128

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
Plainfield IL 60586

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : SA11AI.7846

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deduction - \$15

Full Name (Last, First, Middle Initial)

B. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
Plainfield IL 60586

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2011

Transaction ID : SA11AI.7885

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
Plainfield IL 60586

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2011

Transaction ID : SA11AI.7914

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) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City
Plainfield

State Zip Code
IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.7945

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City
Plainfield

State Zip Code
IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.8001

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City
Plainfield

State Zip Code
IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
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) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 OF 128
(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
 Plainfield IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.8112

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
 Plainfield IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 25 / 2011

Transaction ID : SA11AI.8156

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
 Plainfield IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.8218

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)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8218

Biweekly Payroll Deduction - \$15

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 16 OF 128

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code
 Plainfield IL 60586

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 23 2011

Transaction ID : SA11AI.8277

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Daniel Baker

Mailing Address 1518 Martock Lane

City State Zip Code
 Hanover MD 21076

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 14 2011

Transaction ID : SA11AI.7997

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Daniel Baker

Mailing Address 1518 Martock Lane

City State Zip Code
 Hanover MD 21076

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2011

Transaction ID : SA11AI.8026

Amount of Each Receipt this Period

10.00

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

35.00

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8277

Biweekly Payroll Deduction - \$15

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 18 OF 128

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel Baker

Mailing Address 1518 Martock Lane

City State Zip Code
 Hanover MD 21076

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.8101

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Daniel Baker

Mailing Address 1518 Martock Lane

City State Zip Code
 Hanover MD 21076

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 25 / 2011

Transaction ID : SA11AI.8142

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Daniel Baker

Mailing Address 1518 Martock Lane

City State Zip Code
 Hanover MD 21076

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.8208

Amount of Each Receipt this Period

10.00

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

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

30.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8208

Biweekly Payroll Deduction - \$10

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 20 OF 128

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel Baker

Mailing Address 1518 Martock Lane

City State Zip Code
Hanover MD 21076

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 23 2011

Transaction ID : SA11AI.8258

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 08 2011

Transaction ID : SA11AI.7775

Amount of Each Receipt this Period

200.00

Bi-weekly Payroll Deduction - \$200

Full Name (Last, First, Middle Initial)

C. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 22 2011

Transaction ID : SA11AI.7748

Amount of Each Receipt this Period

200.00

Bi-weekly Payroll Deduction - \$200

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

410.00

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8258

Biweekly Payroll Deduction - \$10

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 05 / 2011

Transaction ID : SA11AI.7829

Amount of Each Receipt this Period

200.00

Bi-weekly Payroll Deduction - \$200

Full Name (Last, First, Middle Initial)

B. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

08 / 19 / 2011

Transaction ID : SA11AI.7858

Amount of Each Receipt this Period

200.00

Bi-weekly Payroll Deduction - \$200

Full Name (Last, First, Middle Initial)

C. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 02 / 2011

Transaction ID : SA11AI.7899

Amount of Each Receipt this Period

200.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 23 OF 128

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2011

Transaction ID : SA11AI.7928

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.7958

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.8015

Amount of Each Receipt this Period

200.00

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

600.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 28 2011

Transaction ID : SA11AI.8048

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 10 2011

Transaction ID : SA11AI.8135

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 25 2011

Transaction ID : SA11AI.8181

Amount of Each Receipt this Period

200.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 25 OF 128

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.8247

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : SA11AI.8307

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Darold R. Barnes

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Bi-weekly Payroll Deduction - \$15

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.8220

Amount of Each Receipt this Period

15.00

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

415.00

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8247

Biweekly Payroll Deduction - \$200

Form/Schedule: SA11AI

Transaction ID: SA11AI.8307

Biweekly Payroll Deduction - \$200

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8220

Biweekly Payroll Deduction - \$15

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 128

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Darold R. Barnes

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$15

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : SA11AI.8274

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Randall Carpenter

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : SA11AI.8305

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City

State

Zip Code

CINCINNATI

OH

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OMNICARE, INC

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2011

Transaction ID : SA11AI.8179

Amount of Each Receipt this Period

100.00

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

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

215.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8274

Biweekly Payroll Deduction - \$15

Form/Schedule: SA11AI

Transaction ID: SA11AI.8305

Biweekly Payroll Deduction - \$100

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

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.8242

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : SA11AI.8302

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Brian Egan

Mailing Address 9945 SE GIA CT.

City State Zip Code
Portland OR 97086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc - Evergreen

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : SA11AI.7784

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deduction - \$20

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

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

220.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8242

Biweekly Payroll Deduction - \$100

Form/Schedule: SA11AI

Transaction ID: SA11AI.8302

Biweekly Payroll Deduction - \$100

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc - Evergreen

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2011

Transaction ID : SA11Al.7751

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deduction - \$20

Full Name (Last, First, Middle Initial)

B. Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc - Evergreen

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2011

Transaction ID : SA11Al.7819

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deduction - \$20

Full Name (Last, First, Middle Initial)

C. Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc - Evergreen

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : SA11Al.7849

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deduction - \$20

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 33 OF 128

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc - Evergreen

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2011

Transaction ID : SA11Al.7891

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc - Evergreen

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2011

Transaction ID : SA11Al.7918

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc - Evergreen

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11Al.7948

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 34 OF 128

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Egan

Mailing Address 9945 SE GIA CT.

City	State	Zip Code
Portland	OR	97086

FEC ID number of contributing federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.8006

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Brian Egan

Mailing Address 9945 SE GIA CT.

City	State	Zip Code
Portland	OR	97086

FEC ID number of contributing federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	28	/	2011

Transaction ID : SA11AI.8036

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Brian Egan

Mailing Address 9945 SE GIA CT.

City	State	Zip Code
Portland	OR	97086

FEC ID number of contributing federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.8119

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Egan

Mailing Address 9945 SE GIA CT.

City
Portland

State
OR

Zip Code
97086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc - Evergreen

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.8164

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Brian Egan

Mailing Address 9945 SE GIA CT.

City
Portland

State
OR

Zip Code
97086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc - Evergreen

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.8227

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Brian Egan

Mailing Address 9945 SE GIA CT.

City
Portland

State
OR

Zip Code
97086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc - Evergreen

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 23 / 2011

Transaction ID : SA11AI.8284

Amount of Each Receipt this Period

20.00

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

60.00

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8227

Biweekly Payroll Deduction - \$20

Form/Schedule: SA11AI

Transaction ID: SA11AI.8284

Biweekly Payroll Deduction - \$20

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. DARLENE ERVIN

Mailing Address 24694 N. DUSTIN RD.

City State Zip Code
ACAMPO CA 95220

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

NO. CALIFORNIA AREA DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2011

Transaction ID : SA11AI.8183

Amount of Each Receipt this Period

250.00

One time contribution - \$250.00

Full Name (Last, First, Middle Initial)

B. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : SA11AI.8045

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.8131

Amount of Each Receipt this Period

100.00

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

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

450.00

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

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
 Cincinnati OH 45243

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 25 2011

Transaction ID : SA11AI.8177

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
 Cincinnati OH 45243

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 09 2011

Transaction ID : SA11AI.8241

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
 Cincinnati OH 45243

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 23 2011

Transaction ID : SA11AI.8303

Amount of Each Receipt this Period

100.00

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

300.00

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8241

Biweekly Payroll Deduction - \$100

Form/Schedule: SA11AI

Transaction ID: SA11AI.8303

Biweekly Payroll Deduction - \$100

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

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

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leo P Finn

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$100

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2011

Transaction ID : SA11AI.8178

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Leo P Finn

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$100

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.8244

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Leo P Finn

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$100

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : SA11AI.8304

Amount of Each Receipt this Period

100.00

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

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

300.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8244

Biweekly Payroll Deduction - \$100

Form/Schedule: SA11AI

Transaction ID: SA11AI.8304

Biweekly Payroll Deduction - \$100

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

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

FOR LINE NUMBER: PAGE 42 OF 128

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City State Zip Code
BUFORD GA 30519

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 08 2011

Transaction ID : SA11Al.7773

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deduction - \$50

Full Name (Last, First, Middle Initial)

B. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City State Zip Code
BUFORD GA 30519

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 22 2011

Transaction ID : SA11Al.7756

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deduction - \$50

Full Name (Last, First, Middle Initial)

C. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City State Zip Code
BUFORD GA 30519

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 05 2011

Transaction ID : SA11Al.7827

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deduction - \$50

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

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

150.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 128

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City
BUFORD

State Zip Code
GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 19 / 2011

Transaction ID : SA11AI.7856

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deduction - \$50

Full Name (Last, First, Middle Initial)

B. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City
BUFORD

State Zip Code
GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 02 / 2011

Transaction ID : SA11AI.7897

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City
BUFORD

State Zip Code
GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 16 / 2011

Transaction ID : SA11AI.7926

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City State Zip Code
BUFORD GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.7955

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City State Zip Code
BUFORD GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.8012

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City State Zip Code
BUFORD GA 30519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : SA11AI.8042

Amount of Each Receipt this Period

50.00

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

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 OF 128

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City	State	Zip Code
BUFORD	GA	30519

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.8129

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City	State	Zip Code
BUFORD	GA	30519

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

Transaction ID : SA11AI.8173

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. PATRICE L JOHNSON

Mailing Address 19423 HICKORY PL

City	State	Zip Code
COUNTRY CLUB HILLS	IL	60478

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.7993

Amount of Each Receipt this Period

10.00

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 128

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. PATRICE L JOHNSON

Mailing Address 19423 HICKORY PL

City State Zip Code
COUNTRY CLUB HILLS IL 60478

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : SA11AI.8021

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. PATRICE L JOHNSON

Mailing Address 19423 HICKORY PL

City State Zip Code
COUNTRY CLUB HILLS IL 60478

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.8100

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. PATRICE L JOHNSON

Mailing Address 19423 HICKORY PL

City State Zip Code
COUNTRY CLUB HILLS IL 60478

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2011

Transaction ID : SA11AI.8141

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 47 OF 128

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. PATRICE L JOHNSON

Mailing Address 19423 HICKORY PL

City State Zip Code
 COUNTRY CLUB HILLS IL 60478

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.8210

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 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)

C. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 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)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8210

Biweekly Payroll Deduction - \$10

Form/Schedule:

Transaction ID:

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

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 05 / 2011

Transaction ID : SA11AI.7825

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deduction - \$40

Full Name (Last, First, Middle Initial)

B. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 19 / 2011

Transaction ID : SA11AI.7854

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deduction - \$40

Full Name (Last, First, Middle Initial)

C. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

09 / 02 / 2011

Transaction ID : SA11AI.7895

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2011

Transaction ID : SA11AI.7924

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.7953

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.8010

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)
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PAGE 51 OF 128

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : SA11AI.8040

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.8124

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 25 / 2011

Transaction ID : SA11AI.8171

Amount of Each Receipt this Period

40.00

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

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

120.00

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 23 2011

Transaction ID : SA11AI.8290

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 09 2011

Transaction ID : SA11AI.8243

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 23 2011

Transaction ID : SA11AI.8301

Amount of Each Receipt this Period

100.00

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

240.00

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8290

Biweekly Payroll Deduction - \$40

Form/Schedule: SA11AI

Transaction ID: SA11AI.8243

Biweekly Payroll Deduction - \$100

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8301

Biweekly Payroll Deduction - \$100

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : SA11AI.7788

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deduction - \$20

Full Name (Last, First, Middle Initial)

B. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2011

Transaction ID : SA11AI.7754

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deduction - \$20

Full Name (Last, First, Middle Initial)

C. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2011

Transaction ID : SA11AI.7820

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deduction - \$20

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

B. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 02 / 2011

Transaction ID : SA11AI.7889

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 16 / 2011

Transaction ID : SA11AI.7919

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City	State	Zip Code
MALTA	NY	12020

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.7949

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City	State	Zip Code
MALTA	NY	12020

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.8005

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City	State	Zip Code
MALTA	NY	12020

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

Transaction ID : SA11AI.8034

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.8115

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.8161

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.8226

Amount of Each Receipt this Period

20.00

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

60.00

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8226

Biweekly Payroll Deduction - \$20

Form/Schedule:

Transaction ID:

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
MALTA NY 12020

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : SA11AI.8279

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Andrea Lindell

Mailing Address 2008 Cedar View Drive

City State Zip Code
Greenboro NC 27455

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : SA11AI.7870

Amount of Each Receipt this Period

2500.00

One Time Contribution - \$2,500.00

Full Name (Last, First, Middle Initial)

C. THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
LOVELAND OH 45140

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : SA11AI.7779

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deduction - \$25

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

2545.00

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8279

Biweekly Payroll Deduction - \$20

Form/Schedule:

Transaction ID:

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
 LOVELAND OH 45140

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 22 2011

Transaction ID : SA11AI.7746

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deduction - \$25

Full Name (Last, First, Middle Initial)

B. THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
 LOVELAND OH 45140

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 05 2011

Transaction ID : SA11AI.7824

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deduction - \$25

Full Name (Last, First, Middle Initial)

C. THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
 LOVELAND OH 45140

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 19 2011

Transaction ID : SA11AI.7851

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deduction - \$25

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

75.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
 LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 02 / 2011

Transaction ID : SA11AI.7893

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
 LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 16 / 2011

Transaction ID : SA11AI.7923

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
 LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.7952

Amount of Each Receipt this Period

25.00

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City
LOVELAND

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.8008

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City
LOVELAND

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : SA11AI.8037

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City
LOVELAND

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.8120

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
 LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 25 / 2011

Transaction ID : SA11AI.8165

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
 LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.8231

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
 LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : SA11AI.8289

Amount of Each Receipt this Period

25.00

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

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

75.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8231

Biweekly Payroll Deduction - \$25

Form/Schedule: SA11AI

Transaction ID: SA11AI.8289

Biweekly Payroll Deduction - \$25

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

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for each category of the
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. DANIEL MALONEY

Mailing Address 6996 MERLIN CT

City
CINCINNATIState
OHZip Code
45244FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 10 / 2011

Transaction ID : SA11AI.8308

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Scott Nokes

Mailing Address 25 Averdale Drive

City
Ballston LakeState
NYZip Code
12019FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : SA11AI.7781

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deduction - \$15

Full Name (Last, First, Middle Initial)

C. Scott Nokes

Mailing Address 25 Averdale Drive

City
Ballston LakeState
NYZip Code
12019FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 22 / 2011

Transaction ID : SA11AI.7752

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deduction - \$15

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

530.00

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8308

Independent Check - \$500

Form/Schedule:

Transaction ID:

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

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

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott Nokes

Mailing Address 25 Averdale Drive

City State Zip Code
Ballston Lake NY 12019

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2011

Transaction ID : SA11AI.7814

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deduction - \$15

Full Name (Last, First, Middle Initial)

B. Scott Nokes

Mailing Address 25 Averdale Drive

City State Zip Code
Ballston Lake NY 12019

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : SA11AI.7845

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deduction - \$15

Full Name (Last, First, Middle Initial)

C. Scott Nokes

Mailing Address 25 Averdale Drive

City State Zip Code
Ballston Lake NY 12019

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2011

Transaction ID : SA11AI.7884

Amount of Each Receipt this Period

15.00

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

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

45.00

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

Use separate schedule(s)
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(check only one)

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott Nokes

Mailing Address 25 Averdale Drive

City

Ballston Lake

State

NY

Zip Code

12019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 16 / 2011

Transaction ID : SA11AI.7916

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Scott Nokes

Mailing Address 25 Averdale Drive

City

Ballston Lake

State

NY

Zip Code

12019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.7943

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Scott Nokes

Mailing Address 25 Averdale Drive

City

Ballston Lake

State

NY

Zip Code

12019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.8003

Amount of Each Receipt this Period

15.00

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

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

45.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott Nokes

Mailing Address 25 Averdale Drive

City State Zip Code
 Ballston Lake NY 12019

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : SA11AI.8032

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Scott Nokes

Mailing Address 25 Averdale Drive

City State Zip Code
 Ballston Lake NY 12019

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.8113

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Scott Nokes

Mailing Address 25 Averdale Drive

City State Zip Code
 Ballston Lake NY 12019

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 25 / 2011

Transaction ID : SA11AI.8157

Amount of Each Receipt this Period

15.00

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

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

45.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott Nokes

Mailing Address 25 Averdale Drive

City State Zip Code
 Ballston Lake NY 12019

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.8222

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Scott Nokes

Mailing Address 25 Averdale Drive

City State Zip Code
 Ballston Lake NY 12019

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : SA11AI.8276

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER PALEN

Mailing Address 158 WORKS ROAD

City State Zip Code
 HONEOYE FALLS NY 14472

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.7991

Amount of Each Receipt this Period

10.00

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

40.00

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8222

Biweekly Payroll Deduction - \$15

Form/Schedule: SA11AI

Transaction ID: SA11AI.8276

Biweekly Payroll Deduction - \$15

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER PALEN

Mailing Address 158 WORKS ROAD

City

HONEOYE FALLS

State

NY

Zip Code

14472

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : SA11AI.8024

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER PALEN

Mailing Address 158 WORKS ROAD

City

HONEOYE FALLS

State

NY

Zip Code

14472

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.8103

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER PALEN

Mailing Address 158 WORKS ROAD

City

HONEOYE FALLS

State

NY

Zip Code

14472

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2011

Transaction ID : SA11AI.8143

Amount of Each Receipt this Period

10.00

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

30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER PALEN

Mailing Address 158 WORKS ROAD

City	State	Zip Code
HONEOYE FALLS	NY	14472

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11AI.8213

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER PALEN

Mailing Address 158 WORKS ROAD

City	State	Zip Code
HONEOYE FALLS	NY	14472

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

Transaction ID : SA11AI.8263

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City	State	Zip Code
LOUISVILLE	KY	40241

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : SA11AI.7992

Amount of Each Receipt this Period

10.00

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

30.00

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8213

Biweekly Payroll Deduction - \$10

Form/Schedule: SA11AI

Transaction ID: SA11AI.8263

Biweekly Payroll Deduction - \$10

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

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

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City State Zip Code
 LOUISVILLE KY 40241

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : SA11AI.8022

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City State Zip Code
 LOUISVILLE KY 40241

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.8106

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City State Zip Code
 LOUISVILLE KY 40241

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 25 / 2011

Transaction ID : SA11AI.8145

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City State Zip Code
LOUISVILLE KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.8202

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City State Zip Code
LOUISVILLE KY 40241

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : SA11AI.8259

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Thomas Schleigh

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bi-weekly Payroll Deduction - \$25

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 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 only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8202

Biweekly Payroll Deduction - \$10

Form/Schedule: SA11AI

Transaction ID: SA11AI.8259

Biweekly Payroll Deduction - \$10

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

Use separate schedule(s)
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Detailed Summary Page

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Schleigh

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$25

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.8007

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Thomas Schleigh

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$25

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : SA11AI.8038

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Thomas Schleigh

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$25

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.8123

Amount of Each Receipt this Period

40.00

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

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

90.00

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

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Schleigh

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$25

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2011

Transaction ID : SA11AI.8169

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Thomas Schleigh

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$25

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.8233

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Thomas Schleigh

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$25

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : SA11AI.8292

Amount of Each Receipt this Period

40.00

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

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

120.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8233

Biweekly Payroll Deduction - \$40

Form/Schedule: SA11AI

Transaction ID: SA11AI.8292

Biweekly Payroll Deduction - \$40

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City

Baltimore

State

MD

Zip Code

21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.80

Date of Receipt

08 / 19 / 2011

Transaction ID : SA11AI.7842

Amount of Each Receipt this Period

12.40

Bi-weekly Payroll Deduction - \$12.40

Full Name (Last, First, Middle Initial)

B. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City

Baltimore

State

MD

Zip Code

21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

223.20

Date of Receipt

09 / 02 / 2011

Transaction ID : SA11AI.7883

Amount of Each Receipt this Period

12.40

Full Name (Last, First, Middle Initial)

C. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City

Baltimore

State

MD

Zip Code

21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

235.60

Date of Receipt

09 / 16 / 2011

Transaction ID : SA11AI.7912

Amount of Each Receipt this Period

12.40

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

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

37.20

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City State Zip Code
 Baltimore MD 21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.7941

Amount of Each Receipt this Period

12.40

Full Name (Last, First, Middle Initial)

B. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City State Zip Code
 Baltimore MD 21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.7998

Amount of Each Receipt this Period

12.40

Full Name (Last, First, Middle Initial)

C. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City State Zip Code
 Baltimore MD 21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : SA11AI.8028

Amount of Each Receipt this Period

12.40

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

37.20

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

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

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City
Baltimore

State Zip Code
MD 21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.20

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.8108

Amount of Each Receipt this Period

12.40

Full Name (Last, First, Middle Initial)

B. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City
Baltimore

State Zip Code
MD 21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.60

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.8153

Amount of Each Receipt this Period

12.40

Full Name (Last, First, Middle Initial)

C. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City
Baltimore

State Zip Code
MD 21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.8217

Amount of Each Receipt this Period

12.40

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

37.20

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8217

Biweekly Payroll Deduction - \$12.40

Form/Schedule:

Transaction ID:

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City
Baltimore

State
MD

Zip Code
21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : SA11AI.8273

Amount of Each Receipt this Period

12.40

Full Name (Last, First, Middle Initial)

B. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City
INDIANAPOLIS

State
IN

Zip Code
46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : SA11AI.7776

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deduction - \$20

Full Name (Last, First, Middle Initial)

C. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City
INDIANAPOLIS

State
IN

Zip Code
46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2011

Transaction ID : SA11AI.7758

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deduction - \$20

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

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

52.40

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8273

Biweekly Payroll Deduction - \$12.40

Form/Schedule:

Transaction ID:

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 05 / 2011

Transaction ID : SA11AI.7821

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deduction - \$20

Full Name (Last, First, Middle Initial)

B. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 19 / 2011

Transaction ID : SA11AI.7850

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deduction - \$20

Full Name (Last, First, Middle Initial)

C. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 02 / 2011

Transaction ID : SA11AI.7890

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City State Zip Code
INDIANAPOLIS IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2011

Transaction ID : SA11AI.7920

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City State Zip Code
INDIANAPOLIS IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.7947

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City State Zip Code
INDIANAPOLIS IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.8004

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : SA11AI.8035

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.8117

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2011

Transaction ID : SA11AI.8160

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City State Zip Code
INDIANAPOLIS IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.8228

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City State Zip Code
INDIANAPOLIS IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : SA11AI.8280

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
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)..... ►

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

65.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8228

Biweekly Payroll Deduction - \$20

Form/Schedule: SA11AI

Transaction ID: SA11AI.8280

Biweekly Payroll Deduction - \$20

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2011

Transaction ID : SA11AI.7766

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deduction - \$25

Full Name (Last, First, Middle Initial)

B. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2011

Transaction ID : SA11AI.7823

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deduction - \$25

Full Name (Last, First, Middle Initial)

C. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : SA11AI.7853

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deduction - \$25

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

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

75.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
 OSCEOLA IN 46561

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 02 / 2011

Transaction ID : SA11AI.7892

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
 OSCEOLA IN 46561

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2011

Transaction ID : SA11AI.7921

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
 OSCEOLA IN 46561

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.7951

Amount of Each Receipt this Period

25.00

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

75.00

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

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

Use separate schedule(s)
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
 OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.8009

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
 OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : SA11AI.8039

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
 OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.8121

Amount of Each Receipt this Period

25.00

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

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

75.00

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

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

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(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2011

Transaction ID : SA11AI.8166

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.8230

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2011

Transaction ID : SA11AI.8288

Amount of Each Receipt this Period

25.00

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

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

75.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8230

Biweekly Payroll Deduction - \$25

Form/Schedule: SA11AI

Transaction ID: SA11AI.8288

Biweekly Payroll Deduction - \$25

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy Wallman

Mailing Address 124 Deer Estates Lane

City State Zip Code
 Ponte Vedra Beach FL 32082

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 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)

B. Timmy Waters

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Bi-weekly Payroll Deduction - \$15

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 09 2011

Transaction ID : SA11AI.8219

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Timmy Waters

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Bi-weekly Payroll Deduction - \$15

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 23 2011

Transaction ID : SA11AI.8278

Amount of Each Receipt this Period

15.00

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

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

2530.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8219

Biweekly Payroll Deduction - \$15

Form/Schedule: SA11AI

Transaction ID: SA11AI.8278

Biweekly Payroll Deduction - \$15

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Weiss

Mailing Address 1601 Springdale Road

City

Cherry Hill

State

NJ

Zip Code

08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Product Manager/Business Process Archi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.7994

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Thomas Weiss

Mailing Address 1601 Springdale Road

City

Cherry Hill

State

NJ

Zip Code

08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Product Manager/Business Process Archi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 28 / 2011

Transaction ID : SA11AI.8027

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Thomas Weiss

Mailing Address 1601 Springdale Road

City

Cherry Hill

State

NJ

Zip Code

08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Product Manager/Business Process Archi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.8097

Amount of Each Receipt this Period

10.00

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

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

30.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Weiss

Mailing Address 1601 Springdale Road

City State Zip Code
Cherry Hill NJ 08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Product Manager/Business Process Archi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 25 2011

Transaction ID : SA11AI.8144

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Thomas Weiss

Mailing Address 1601 Springdale Road

City State Zip Code
Cherry Hill NJ 08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Product Manager/Business Process Archi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 09 2011

Transaction ID : SA11AI.8209

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Thomas Weiss

Mailing Address 1601 Springdale Road

City State Zip Code
Cherry Hill NJ 08003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Product Manager/Business Process Archi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 23 2011

Transaction ID : SA11AI.8254

Amount of Each Receipt this Period

10.00

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

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

30.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8209

Biweekly Payroll Deduction - \$10

Form/Schedule: SA11AI

Transaction ID: SA11AI.8254

Biweekly Payroll Deduction - \$10

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gara Wilsie

Mailing Address 2216 Pawnee Crossing

City State Zip Code
 Edmond OK 73034

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 23 2011

Transaction ID : SA11AI.7978

Amount of Each Receipt this Period

250.00

One-time Contribution - \$250.00

Full Name (Last, First, Middle Initial)

B. MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City State Zip Code
 RIVERTON UT 84065

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 14 2011

Transaction ID : SA11AI.7995

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City State Zip Code
 RIVERTON UT 84065

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 28 2011

Transaction ID : SA11AI.8023

Amount of Each Receipt this Period

10.00

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

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

270.00

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City
RIVERTON

State Zip Code
UT 84065

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.8104

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City
RIVERTON

State Zip Code
UT 84065

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 25 / 2011

Transaction ID : SA11AI.8146

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City
RIVERTON

State Zip Code
UT 84065

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.8203

Amount of Each Receipt this Period

10.00

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

30.00

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8203

Biweekly Payroll Deduction - \$10

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City
RIVERTON

State Zip Code
UT 84065

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : SA11AI.8269

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. John Workman

Mailing Address 100 E RiverCenter Blvd.

City
Covington

State Zip Code
KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : SA11AI.7774

Amount of Each Receipt this Period

125.00

Bi-weekly Payroll Deduction - \$125

Full Name (Last, First, Middle Initial)

C. John Workman

Mailing Address 100 E RiverCenter Blvd.

City
Covington

State Zip Code
KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2011

Transaction ID : SA11AI.7765

Amount of Each Receipt this Period

125.00

Bi-weekly Payroll Deduction - \$125

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

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

260.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8269

Biweekly Payroll Deduction - \$10

Form/Schedule:

Transaction ID:

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

08 / 05 / 2011

Transaction ID : SA11AI.7828

Amount of Each Receipt this Period

125.00

Bi-weekly Payroll Deduction - \$125

Full Name (Last, First, Middle Initial)

B. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

08 / 19 / 2011

Transaction ID : SA11AI.7857

Amount of Each Receipt this Period

125.00

Bi-weekly Payroll Deduction - \$125

Full Name (Last, First, Middle Initial)

C. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

09 / 02 / 2011

Transaction ID : SA11AI.7898

Amount of Each Receipt this Period

125.00

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

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

375.00

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2011

Transaction ID : SA11AI.7927

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.7957

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 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) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : SA11AI.8047

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.8134

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 25 / 2011

Transaction ID : SA11AI.8180

Amount of Each Receipt this Period

125.00

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

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

375.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.8246

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2011

Transaction ID : SA11AI.8306

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : SA11AI.7783

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deduction - \$15

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

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

265.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8246

Biweekly Payroll Deduction - \$125

Form/Schedule: SA11AI

Transaction ID: SA11AI.8306

Biweekly Payroll Deduction - \$125

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 22 / 2011

Transaction ID : SA11AI.7760

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deduction - \$15

Full Name (Last, First, Middle Initial)

B. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 05 / 2011

Transaction ID : SA11AI.7818

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deduction - \$15

Full Name (Last, First, Middle Initial)

C. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 19 / 2011

Transaction ID : SA11AI.7847

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deduction - \$15

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

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

45.00

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

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

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2011

Transaction ID : SA11AI.7887

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2011

Transaction ID : SA11AI.7913

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.7944

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) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
 BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.8000

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
 BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : SA11AI.8029

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code
 BALDWINVILLE NY 13027

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.8109

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) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City	State	Zip Code
BALDWINVILLE	NY	13027

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11		/	25		/	2011			

Transaction ID : SA11AI.8155

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City	State	Zip Code
BALDWINVILLE	NY	13027

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12		/	09		/	2011			

Transaction ID : SA11AI.8221

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City	State	Zip Code
BALDWINVILLE	NY	13027

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12		/	23		/	2011			

Transaction ID : SA11AI.8275

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)..... ►

15939.04

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

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)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. CAPITO, SHELLEY MOORE MS.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Mailing Address 2 COMSTOCK PL

City	State	Zip Code
CHARLESTON	WV	25314

Transaction ID : SB23.8069Purpose of Disbursement
Contribution - \$1,000.00

004

Amount of Each Disbursement this Period

Candidate Name

CAPITO, SHELLEY MOORE MS.

Category/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE REICHERT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Mailing Address P. O. BOX 53322

City	State	Zip Code
BELLEVUE	WA	98015

Transaction ID : SB23.8070Purpose of Disbursement
Contribution - \$1,000.00

004

Amount of Each Disbursement this Period

Candidate Name

FRIENDS OF DAVE REICHERT

Category/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 08

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BARROW

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2011

Mailing Address PO Box 8166

City	State	Zip Code
Savannah	GA	31412

Transaction ID : SB23.7738Purpose of Disbursement
Contribution - \$1,500

004

Amount of Each Disbursement this Period

Candidate Name

FRIENDS OF JOHN BARROW

Category/
Type

1500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 12

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. GERLACH, JIM

Mailing Address 649 DEEP HOLLOW LANE

City CHESTER SPRINGS	State PA	Zip Code 19425
-------------------------	-------------	-------------------

Purpose of Disbursement
Contribution - \$1,000

004

Candidate Name

GERLACH, JIMCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2011

Transaction ID : SB23.7742

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GERLACH, JIM

Mailing Address 649 DEEP HOLLOW LANE

City CHESTER SPRINGS	State PA	Zip Code 19425
-------------------------	-------------	-------------------

Purpose of Disbursement
Contribution - \$1,000.00

004

Candidate Name

GERLACH, JIMCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : SB23.8065

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GINGREY FOR CONGRESS

Mailing Address PO BOX U

City MARIETTA	State GA	Zip Code 30060
------------------	-------------	-------------------

Purpose of Disbursement
Contribution - \$1,000.00

004

Candidate Name

GINGREY FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2011

Transaction ID : SB23.8056

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. GOWDY, TREY

Mailing Address PO BOX 3324

City	State	Zip Code
SPARTANBURG	SC	29304

Purpose of Disbursement
Contribution - \$1,000

004

Candidate Name

GOWDY, TREYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2011

Transaction ID : SB23.7743

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GRAVES FOR CONGRESS

Mailing Address 2345 GRAND, SUITE 2400

City	State	Zip Code
KANSAS CITY	MO	64108

Purpose of Disbursement
Contribution - \$1,000

004

Candidate Name

GRAVES FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2011

Transaction ID : SB23.7744

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City	State	Zip Code
BOWLING GREEN	KY	42102

Purpose of Disbursement
Contribution - \$1,000.00

004

Candidate Name

GUTHRIE FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : SB23.8068

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
Contribution - \$5,000.00

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2011

Transaction ID : SB23.7861

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
Long BranchState
NJZip Code
07740Purpose of Disbursement
Contribution - \$1,000.00

Candidate Name

PALLONE FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2011

Transaction ID : SB23.8055

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City
PEORIAState
ILZip Code
61612Purpose of Disbursement
Contribution - \$1,000.00

Candidate Name

SCHOCK FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : SB23.8066

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

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

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 123 OF 128

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. SENSENBRENNER COMMITTEE

Mailing Address PO BOX 575

City	State	Zip Code
BROOKFIELD	WI	53008

Purpose of Disbursement
Contribution - \$1,000.00

004

Candidate Name

SENSENBRENNER COMMITTEE

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : SB23.8071

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TREY GOWDY FOR CONGRESS

Mailing Address PO BOX 3324

City	State	Zip Code
SPARTANBURG	SC	29304

Purpose of Disbursement
Contribution - \$1,000.00

004

Candidate Name

TREY GOWDY FOR CONGRESS

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : SB23.8067

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WHITFIELD FOR CONGRESS

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

Purpose of Disbursement
Contribution - \$1,000.00

004

Candidate Name

WHITFIELD FOR CONGRESS

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2011

Transaction ID : SB23.8057

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

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

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. WILSON FOR SENATE

Mailing Address PO BOX 10248

City	State	Zip Code
ALBUQUERQUE	NM	87184

Purpose of Disbursement
Contribution - \$1,000.00

004

Candidate Name

WILSON FOR SENATE

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2011

Transaction ID : SB23.8054

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00

20500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 125 OF 128

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MURPHY

Mailing Address PO BOX 127

City CHESHIRE	State CT	Zip Code 06410
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Purpose of Disbursement
Contribution

011

Candidate Name

FRIENDS OF CHRIS MURPHY

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2011

Transaction ID : SB29.8185

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City UNIONVILLE	State PA	Zip Code 19375
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution

005

Candidate Name

FRIENDS OF JOE PITTS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2011

Transaction ID : SB29.8182

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY	State UT	Zip Code 84101
------------------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

HATCH ELECTION COMMITTEE INC

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2011

Transaction ID : SB29.8184

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶

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

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mellon FinancialMailing Address 500 Ross Street
Room 1380

City Pittsburgh State PA Zip Code 15262-0001

Purpose of Disbursement
Account Analysis Fees - \$48.45

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2011

Transaction ID : SB29.7860

Amount of Each Disbursement this Period

48.45

Full Name (Last, First, Middle Initial)

B. Mellon FinancialMailing Address 500 Ross Street
Room 1380

City Pittsburgh State PA Zip Code 15262-0001

Purpose of Disbursement
Account Analysis Fees - \$38.91

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2011

Transaction ID : SB29.7859

Amount of Each Disbursement this Period

38.91

Full Name (Last, First, Middle Initial)

C. Mellon FinancialMailing Address 500 Ross Street
Room 1380

City Pittsburgh State PA Zip Code 15262-0001

Purpose of Disbursement
Account Analysis Fees - \$39.11

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2011

Transaction ID : SB29.7981

Amount of Each Disbursement this Period

39.11

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

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

126.47

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 128 OF 128

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. PORT PACMailing Address 900 19th St, NW
8th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

PORT PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SB29.8321

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

4775.89
