01/11/2011 13:12

### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

	Office Us	se Only	
KY STATE	<u> </u>	1101 - L ZIPCODE	
OR	AMENDED (A)		
20 (M5)	Aug 20 (M8) Sep 20 (M9)		ov 20 (M11) Non-Election ear Only) ec 20 (M12) Non-Election ear Only)
O (M7)	Oct 20 (M10)		an 31 (YE)
H	eneral (12G) ecial (12S)	R	unoff (12R)
	•	in the State of	
Ru	nnoff (30R)	in the State of	pecial (30S)
12 3	1 2010		
correct and com	nplete.		
_ Date	0 1 1		0 1 1
Jimiy iiiis ⊓epor	i to the penalties	U 2 U.S.C	, <del>4</del> 3/y.

1.	COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT   Example: If typing, type over the lines
L	OmniCare, Inc. Politcal Action	on Committee
1 .		
ADI	DRESS (number and street)	1600 River Center II
	Check if different than previously reported. (ACC)	Covington KY 41101 - LILLING L
2.	FEC IDENTIFICATION NUM	BER ♥ CITY ♠ STATE ♠ ZIPCODE ♠
	C00392886	3. IS THIS REPORT X NEW (N) OR (A)
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Due On:
	(a) Quarterly Reports:	Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report(Q	
	July 15 Quarterly Report(Q October 15	(c) 12-Day Primary (12P) General (12G) Runoff (12R)  PRE-Election Report for the: Convention (12C) Special (12S)
	Quarterly Report(Q  X  January 31  Quarterly Report(Y	in the
	July 31 Mid-Year Report(Non-electio	(d) 30-Day
	Year Only) (MY)  Termination Report	Post -Election General (30G) Runoff (30R) Special (30S) Report for the:
	(TER)	Election on State of
5.	Covering Period 1 1	23 2010 through 12 31 2010
l ce	rtify that I have examined this I	Report and to the best of my knowledge and belief it is true, correct and complete.
Тур	e or Print Name of Treasurer	Thomas R Marsh
Sigi	nature of Treasurer Electro	nically Filed by Thomas R Marsh Date 01 11 2011
NO.	TE : Submission of false, erro	neous, 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

2/28

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

FEC Form 3X (Rev. 02/2003)

" D 11 23 2010 12 31 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 32353.40 January 1 (b) Cash on Hand at 37353.11 Begining of Reporting Period ..... 2379.67 23971.96 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 39732.78 56325.36 6(a) and 6(c) for Column B) ..... 94.65 16687.23 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 39638.13 39638.13 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X 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**

3 / 28 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

OmniCare, Inc. Politcal Action Committee

Report Covering the Period:

From:

м м 1 1

D 2 3

2 0 1 0

м м 1 2

<sup>D</sup> 3 1

<sup>Y</sup> 2 0 1 0

	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)	2184.91	17987.70
	(ii) Unitemized	194.76	5984.26
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	2379.67	23971.96
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2379.67	23971.96
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
4.  5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2379.67	23971.96
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	2379.67	23971.96

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 28

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures	0.00	0.00
2.	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committeesand Other Political Committees	0.00	16500.00
4.	Independent Expenditure		
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
8.	Refunds of Contributions To:  (a) Individuals/Persons Other	0.00	0.00
	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
9.	Other Disbursements	94.65	187.23
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) I coordi offare	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))	94.65	16687.23
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	2	
	from Line 31)	94.65	16687.23

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 28

III. Net Contril Expend	outions/Operating ditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions ( from Line 11(d), pag</li> </ol>	other than loans)	2379.67	23971.96
4. Total Contribution Re (from Line 28(d))	efunds	0.00	0.00
<ol><li>Net Contributions (of (subtract Line 34 fro</li></ol>	her than loans) m Line 33)	2379.67	23971.96
6. Total Federal Operat (add Line 21(a)(i) an	• '	0.00	0.00
7. Offsets to Operating (from Line 15, page	Expenditures 3)	0.00	0.00
Net Operating Expen     (subtract Line 37 fro		0.00	0.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 28 (check only one)    X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	ne name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u> a.	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT	mille		Date of Receipt
۱.	Mailing Address 2050 DAMSON DRIV	Έ		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City VILLA HILLS	State KY	Zip Code 41017	Transaction ID: SA11AI.7210  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer OMNICARE, INC	Occupation VP & CC	on ONTROLLER	Semi-monthly payroll deduction - \$41.67
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 916.74	
. –	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT	_		Date of Receipt
	Mailing Address 2050 DAMSON DRIV	'E		12 15 2010
	City VILLA HILLS	State KY	Zip Code 41017	Transaction ID: SA11AI.7199
	FEC ID number of contributing federal political committee.	C	41017	Amount of Each Receipt this Period 41.67
	Name of Employer OMNICARE, INC	Occupation VP & CC	on ONTROLLER	Semi-monthly payroll deduction - \$41.67
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 958.41	
_	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
	Mailing Address 2050 DAMSON DRIV	Έ		12 31 2010
	City VILLA HILLS	State KY	Zip Code 41017	Transaction ID: SA11AI.7206  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41017	41.67
	Name of Employer OMNICARE, INC	Occupation VP & CC	on ONTROLLER	Semi-monthly payroll deduction - \$41.67
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.08	
	SUBTOTAL of Receipts This Page (optional)	-		125.01

<b>i</b>	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any persi	FOR LINE NUMBER: PAGE 7 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ <b>A.</b>	Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Land	ing Dr.		Date of Receipt  1 1 2 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7132
	Plainfield	<u>IL</u>	60586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Omnicare of No. IL.	Occupation Pharmac		Bi-weekly payroll deduction - \$15.00
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 360.00	
_ 3.	Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Land	Date of Receipt  1 2 1 0 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.7161
	<u>Plainfield</u>	IL	60586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Omnicare of No. IL.	Occupation Pharmac		Bi-weekly payroll deduction - \$15.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
- ).	Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Land	Date of Receipt		
				12 23 2010
	City Plainfield	State IL	Zip Code 60586	Transaction ID: SA11AI.7184  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Omnicare of No. IL.	Occupation Pharmac		Bi-weekly payroll deduction - \$15.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	
	SUBTOTAL of Receipts This Page (optional)	1		45.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 28   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	mmittee		
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE			Date of Receipt
Mailing Address 1016 LOCKSLEY (	11 30 7 4 4 4 4		
City BHAM	State AL	Zip Code 35242	Transaction ID: SA11AI.7146  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer OMNICARE INC	Occupation PHARMA		Semi-monthly payroll dedu- ction - \$42.00
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 924.00	
Full Name (Last, First, Middle Initial) Paul Baldwin	I		Date of Receipt
Mailing Address 208 Old Mill Road	1 1 3 0 Y Y Y Y Y		
City Roversford	State PA	Zip Code 19468	Transaction ID: SA11AI.7148
FEC ID number of contributing federal political committee.	C	13400	Amount of Each Receipt this Period  200.00
Name of Employer Omnicare, Inc	Occupation VP Public		Semi-monthly payroll deduction - \$200.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4400.00	
Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
Mailing Address 208 Old Mill Road			1 2 1 5 2 0 1 0
City Roversford	State PA	Zip Code 19468	Transaction ID: SA11AI.7201  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10100	200.00
Name of Employer Omnicare, Inc	Occupation VP Public		Semi-monthly payroll deduction - \$200.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 4600.00	
SUBTOTAL of Receipts This Page (option:	al)		442.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee		
_	Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
	Mailing Address 208 Old Mill Road			12 31 2010
	City	State PA	Zip Code	Transaction ID: SA11AI.7208
	Royersford FEC ID number of contributing	C	19468	Amount of Each Receipt this Period 200.00
	federal political committee.			Semi-monthly payroll dedu-
	Name of Employer Omnicare, Inc	Occupation VP Publi		ction - \$200.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4800.00	
	Full Name (Last, First, Middle Initial) DONALD BARNES			Date of Receipt
	Mailing Address 32 W CO RD 300 S			1 1 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.7133
	GREENCASTLE	IN	46135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-weekly payroll deduction - \$15.00
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	360.00	
	Full Name (Last, First, Middle Initial) DONALD BARNES			Date of Receipt
	Mailing Address 32 W CO RD 300 S			12 10 2010
	City	State	Zip Code	Transaction ID: SA11AI.7162
	GREENCASTLE FEC ID number of contributing	IN	46135	Amount of Each Receipt this Period
	federal political committee.	C		
	Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-weekly payroll deduction - \$15.00
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
	SUBTOTAL of Receipts This Page (optional)	1		230.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 28 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  OmniCare, Inc. Political Action Committee (In Full)	d Statements may not be sold or used by any persible name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DONALD BARNES Mailing Address 32 W CO RD 300 S  City	State Zip Code	Date of Receipt  1 2 2 3 2 0 1 0  Transaction ID: SA11AI.7183
GREENCASTLE  FEC ID number of contributing federal political committee.	IN 46135	Amount of Each Receipt this Period
Name of Employer OMNICARE, INC  Receipt For:  Primary General Other (specify) ▼	Occupation PHARMACIST  Aggregate Year-to-Date   390.00	Bi-weekly payroll deduction - \$15.00
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE LA	NE	Date of Receipt  1 1 3 0 2 0 1 0
City CINCINNATI	State Zip Code OH 45243	Transaction ID: SA11AI.7147  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer OMNICARE, INC  Receipt For:  Primary General  Other (specify) ▼	Occupation SPECIAL ADVISOR TO CEO Aggregate Year-to-Date  1870.00	Semi-monthly payroll deduction - \$85.00
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN		Date of Receipt
Mailing Address 6210 NUEVELLE LA	NE	12 15 2010
City CINCINNATI	State Zip Code OH 45243	Transaction ID: SA11AI.7200  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer OMNICARE, INC	Occupation SPECIAL ADVISOR TO CEO Aggregate Year-to-Date ▼	Semi-monthly payroll deduction - \$85.00
Primary General Other (specify) ▼	1955.00	
SUBTOTAL of Receipts This Page (optional)		185.00
TOTAL This Period (last page this line numb	er only)	-

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  OmniCare, Inc. Politcal Action Comm	e name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE LAN  City CINCINNATI  FEC ID number of contributing federal political committee.  Name of Employer OMINICARE, INC  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) ROBERT F BRADY Mailing Address 753 ST ANNES  City HOLLAND FEC ID number of contributing federal political committee.  Name of Employer OMNICARE INC  Receipt For: Primary General Other (specify)	State Zip Code OH 43528  C  Occupation SALES  Aggregate Year-to-Date ▼	Date of Receipt  M M J 30 2010  Transaction ID: SA11AI.7142  Amount of Each Receipt this Period  20.00  Semi-monthly payroll deduction - \$20.00
Full Name (Last, First, Middle Initial) ROBERT F BRADY Mailing Address 753 ST ANNES  City HOLLAND FEC ID number of contributing federal political committee.  Name of Employer OMNICARE INC  Receipt For: Primary General Other (specify)	State Zip Code OH 43528  C  Occupation SALES  Aggregate Year-to-Date ▼  460.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		125.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 28 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  OmniCare, Inc. Politcal Action Comm	e name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) ROBERT F BRADY  Mailing Address 753 ST ANNES  City HOLLAND FEC ID number of contributing federal political committee.  Name of Employer OMNICARE INC  Receipt For: Primary General Other (specify)	State OH C Occupation SALES Aggregate	Zip Code 43528  Year-to-Date ▼ 480.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Brian Egan  Mailing Address 9945 SE GIA CT.  City  Portland  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc - Evergreen  Receipt For:  Primary General Other (specify)	State OR C Occupation Pharmac Aggregate		Date of Receipt  M M / 26 / 2010  Transaction ID: SA11AI.7134  Amount of Each Receipt this Period  20.00  Bi-weekly payroll deduction - \$20.00
с.	Full Name (Last, First, Middle Initial) Brian Egan  Mailing Address 9945 SE GIA CT.  City Portland  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc - Evergreen  Receipt For: Primary General Other (specify)	State OR C Occupation Pharmac Aggregate		Date of Receipt    M
	SUBTOTAL of Receipts This Page (optional)			60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 28 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  OmniCare, Inc. Politcal Action Comm	name and address of any political committe	erson for the purpose of soliciting contributions se to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian Egan  Mailing Address 9945 SE GIA CT.  City Portland  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc - Evergreen  Receipt For: Primary General Other (specify)	State Zip Code OR 97086  C  Occupation Pharmacist  Aggregate Year-to-Date   520.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) HAL J HENDERSON  Mailing Address 2908 PERIMETER CIF  City BUFORD  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE INC  Receipt For: Primary General Other (specify)	State Zip Code GA 30519  C  Occupation PHARMACIST  Aggregate Year-to-Date  1200.00	Date of Receipt    M   M   26   2010    Transaction ID: SA11AI.7140   Amount of Each Receipt this Period 50.00    Bi-weekly payroll deduction - \$50.00
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER CIR  City BUFORD  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE INC  Receipt For: Primary General Other (specify)	State Zip Code GA 30519  C  Occupation PHARMACIST  Aggregate Year-to-Date   1250.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 28 (check only one)    X   11a
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee		
٠.	Full Name (Last, First, Middle Initial) HAL J HENDERSON			Date of Receipt
	Mailing Address 2908 PERIMETER C	IRCLE		12 23 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.7194
	BUFORD FEC ID number of contributing	GA C	30519	Amount of Each Receipt this Period  50.00
	federal political committee.	Occupatio	n	Bi-weekly payroll deducti- on - \$50.00
	Name of Employer OMNICARE INC	PHARMA		on - \$50.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1300.00	
. –	Full Name (Last, First, Middle Initial) PATRICE L JOHNSON			Date of Receipt
	Mailing Address 19423 HICKORY PL			11 26 2010
	City	State	Zip Code	Transaction ID: SA11AI.7124
	COUNTRY CLUB HILLS	<u>IL</u>	60478	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer OMNICARE INC	Occupatio GENERA	n AL MANAGER	Bi-weekly payroll deduction - \$10.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) PATRICE L JOHNSON			Date of Receipt
	Mailing Address 19423 HICKORY PL			1 2 1 0 2 0 1 0
	City COUNTRY CLUB HILLS	State IL	Zip Code 60478	Transaction ID: SA11AI.7157  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer OMNICARE INC	Occupatio GENERA	n AL MANAGER	Bi-weekly payroll deduction - \$10.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		70.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Con	the name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PATRICE L JOHNSON  Mailing Address 19423 HICKORY PI  City COUNTRY CLUB HILLS  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE INC  Receipt For: Primary General Other (specify)	State Zip Code IL 60478  C  Occupation GENERAL MANAGER  Aggregate Year-to-Date  260.00	Date of Receipt  1 2 2 3 2 0 1 0  Transaction ID: SA11AI.7180  Amount of Each Receipt this Period  10.00  Bi-weekly payroll deduction - \$10.00
Full Name (Last, First, Middle Initial) MARK G KOBASUK  Mailing Address 7393 PINEHURST I  City CINCINNATI  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE  Receipt For: Primary General Other (specify)	OR  State Zip Code OH 45244  C  Occupation GENERAL COUNSEL  Aggregate Year-to-Date  767.80	Date of Receipt    M
Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Mea  City Southampton  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc  Receipt For: Primary General Other (specify)	State Zip Code MA 01073  C  Occupation Pharmacist  Aggregate Year-to-Date  960.00	Date of Receipt  1 1 2 6 2 0 1 0  Transaction ID: SA11AI.7139  Amount of Each Receipt this Period  40.00  Bi-weekly payroll deduction - \$40.00
SUBTOTAL of Receipts This Page (optional	)	84.90

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 28 (check only one)    X
or for c	ormation copied from such Reports and commercial purposes, other than using the ME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
On	nniCare, Inc. Politcal Action Comr	nittee		
	Name (Last, First, Middle Initial) Irew H Kowal			Date of Receipt
	ling Address 153 R Pomeroy Meac	low Road		12 10 2010
City	uthampton	State MA	Zip Code 01073	Transaction ID: SA11AI.7170  Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C	01070	40.00
Nan Om	ne of Employer inicare, Inc	Occupation		Bi-weekly payroll deduction - \$40.00
Rec	ceipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Name (Last, First, Middle Initial) Irew H Kowal	1		Date of Receipt
Mai	ling Address 153 R Pomeroy Meac	low Road		12 23 2010
City		State	Zip Code	Transaction ID: SA11AI.7193
	uthampton	MA	01073	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		40.00
Nar Om	ne of Employer nicare, Inc	Occupation Pharmac		Bi-weekly payroll deduction - \$40.00
Rec	ceipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	1040.00	
	Name (Last, First, Middle Initial) LE LEWIS	1		Date of Receipt
Mai	ling Address 117 PLUM POPPY N	ORTH		1 1 2 6 2 0 1 0
City	, ALTA	State NY	Zip Code 12020	Transaction ID: SA11AI.7135
FEC	C ID number of contributing eral political committee.	C	12020	Amount of Each Receipt this Period  20.00
Nan OM	ne of Employer INICARE, INC	Occupation PHARM/		Bi-weekly payroll deduction - \$20.00
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
	OTAL of Receipts This Page (optional) .	•		100.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	) 	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 17/28   (check only one)
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action C	ommittee		
Full Name (Last, First, Middle Initial) DALE LEWIS			Date of Receipt
Mailing Address 117 PLUM POPP	Y NORTH		M M / D D / Y Y Y Y Y 1 1 2 1 1 0 2 0 1 0
City MALTA	State NY	Zip Code 12020	Transaction ID: SA11AI.7167  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12020	20.00
Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-weekly payroll deducti- on - \$20.00
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DALE LEWIS	I		Date of Receipt
Mailing Address 117 PLUM POPP	Y NORTH		12 23 2010
City MALTA	State NY	Zip Code 12020	Transaction ID: SA11AI.7189  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12020	20.00
Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-weekly payroll deduction - \$20.00
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE			Date of Receipt
Mailing Address 10428 KONSTAN	ITINE LANE		1 1 3 0 2 0 1 0
City LOVELAND	State OH	Zip Code 45140	Transaction ID: SA11AI.7144  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	+5140	25.00
Name of Employer OMNICARE, INC	Occupation VICE PR	n ESIDENT	Semi-monthly payroll deduction - \$25.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (option	nal)		65.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	g the name and add	not be sold or used by any perso fress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE  Mailing Address 10428 KONSTAN  City LOVELAND  FEC ID number of contributing federal political committee.	TINE LANE State OH	Zip Code 45140	Date of Receipt  1 2 1 5 2 0 1 0  Transaction ID: SA11AI.7198  Amount of Each Receipt this Period  25.00
Name of Employer OMNICARE, INC  Receipt For:  Primary General  Other (specify) ▼	Occupation VICE PRI Aggregate		Semi-monthly payroll deduction - \$25.00
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE Mailing Address 10428 KONSTAN City	TINE LANE State	Zip Code	Date of Receipt    M
LOVELAND  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE, INC  Receipt For:  Primary General	OH C Occupation VICE PR	45140  SESIDENT  Year-to-Date	Amount of Each Receipt this Period  25.00  Semi-monthly payroll deduction - \$25.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  JAMES MATHIS  Mailing Address 4308 BRUSH HILI	L ROAD	600.00	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City NASHVILLE FEC ID number of contributing federal political committee.	State TN	Zip Code 37216	Transaction ID: SA11AI.7143  Amount of Each Receipt this Period  21.00
Name of Employer OMNICARE INC  Receipt For:  □ Primary □ General  Other (specify) ▼	<del> </del>	RATE COMPLIANCE Year-to-Date  462.00	Semi-monthly payroll deduction - \$21.00
SUBTOTAL of Receipts This Page (option	nal)		71.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 19/28   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	mmittee		
Full Name (Last, First, Middle Initial) JAMES MATHIS			Date of Receipt
Mailing Address 4308 BRUSH HILL	ROAD		12 15 2010
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.7197  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer OMNICARE INC	Occupation CORPOR	RATE COMPLIANCE	Semi-monthly payroll deduction - \$21.00
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 483.00	
Full Name (Last, First, Middle Initial) JAMES MATHIS			Date of Receipt
Mailing Address 4308 BRUSH HILL	ROAD		12 31 YYYYY
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.7204  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	57210	21.00
Name of Employer OMNICARE INC	Occupation	RATE COMPLIANCE	Semi-monthly payroll deduction - \$21.00
Receipt For:  Primary General  Other (specify) ▼	<del>-</del> -	Year-to-Date ▼ 504.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER PALEN			Date of Receipt
Mailing Address 158 WORKS ROA	D		11 26 2010
City HONEOYE FALLS	State NY	Zip Code 14472	Transaction ID: SA11AI.7125  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14472	10.00
Name of Employer OMNICARE INC	Occupation GENERA	ı L MANAGER	Bi-weekly payroll deduction - \$10.00
Receipt For:  Primary General  Other (specify) ▼	<u> </u>	Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (option:	-D		52.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e	separate schedule(s) ach category of the iiled Summary Page	FOR LINE NUMBER: PAGE 20 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  OmniCare, Inc. Politcal Action Comm	name and address of	sold or used by any perso any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTOPHER PALEN  Mailing Address 158 WORKS ROAD  City HONEOYE FALLS  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE INC  Receipt For: Primary General Other (specify)			Date of Receipt    Mark
Full Name (Last, First, Middle Initial) CHRISTOPHER PALEN  Mailing Address 158 WORKS ROAD  City HONEOYE FALLS  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE INC  Receipt For: Primary General Other (specify)			Date of Receipt    1 2
Full Name (Last, First, Middle Initial) DARREN PARKS  Mailing Address 3511 SORRENTO AVI  City LOUISVILLE  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE, INC  Receipt For: Primary General Other (specify)	State Zip		Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		·····	30.00

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	(Crieck only only)
\ \	or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee	
۸.	Full Name (Last, First, Middle Initial) DARREN PARKS		Date of Receipt
	Mailing Address 3511 SORRENTO A	VE	12 10 2010
	City	State Zip Code	Transaction ID: SA11Al.7156
	LOUISVILLE	KY 40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer OMNICARE, INC	Occupation GENERAL MANAGER	Bi-weekly payroll deducti- on - \$10.00
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.0	
- 3.	Full Name (Last, First, Middle Initial) DARREN PARKS		Date of Receipt
	Mailing Address 3511 SORRENTO A	12 23 2010	
	City	State Zip Code	Transaction ID: SA11AI.7176
	LOUISVILLE	KY 40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer OMNICARE, INC	Occupation GENERAL MANAGER	Bi-weekly payroll deducti- on - \$10.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	0
. –	Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr.	1	Date of Receipt
	Mailing Address 2110 RIVER BEND	WAY	1 1 2 6 Y Y Y Y Y
	City KINGWOOD	State Zip Code TX 77345	Transaction ID: SA11AI.7137
	FEC ID number of contributing federal political committee.	TX 77345	Amount of Each Receipt this Period  25.00
	Name of Employer OMNICARE	Occupation RVP - MANAGEMENT	Bi-weekly payroll deducti- on - \$25.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.0	0
	SUBTOTAL of Receipts This Page (optional)	1	45.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 28 (check only one)    X   11a
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee		
	Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr.	.,,		Date of Receipt
	Mailing Address 2110 RIVER BEND \	WAY		12 10 2010
	City	State	Zip Code	Transaction ID: SA11Al.7169
	KINGWOOD	TX	77345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE	Occupation	n ANAGEMENT	Bi-weekly payroll deduction - \$25.00
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		625.00	
_	Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr.			Date of Receipt
	Mailing Address 2110 RIVER BEND \	12 23 2010		
	City	State	Zip Code	Transaction ID: SA11AI.7191
	KINGWOOD	TX	77345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			25.00
	Name of Employer OMNICARE	Occupation RVP - M	n ANAGEMENT	Bi-weekly payroll deduction - \$25.00
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	650.00	
_	Full Name (Last, First, Middle Initial) ROBIN TAYLOR	<u> </u>		Date of Receipt
	Mailing Address 4520 MOSS RIDGE	LANE		M M / D D / Y Y Y Y Y Y 1 1 1 2 6 2 0 1 0
	City INDIANAPOLIS	State IN	Zip Code 46237	Transaction ID: SA11AI.7136
	FEC ID number of contributing federal political committee.	C	40237	Amount of Each Receipt this Period  20.00
	Name of Employer OMNICARE INC	Occupation PHARM/		Bi-weekly payroll deducti- on - \$20.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		70.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 28 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  OmniCare, Inc. Political Action Com	the name and add	I y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE  City INDIANAPOLIS  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE INC  Receipt For: Primary General Other (specify)	State IN  C  Occupation PHARMA		Date of Receipt    M
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE  City INDIANAPOLIS  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE INC  Receipt For: Primary General Other (specify)	State IN C Occupation PHARMA		Date of Receipt    M M
Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS  City OSCEOLA  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE, INC  Receipt For: Primary General Other (specify)	State IN C Occupation PHARMA		Date of Receipt  M M M / 26 / 2010  Transaction ID: SA11AI.7138  Amount of Each Receipt this Period  25.00  Bi-weekly payroll deduction - \$25.00
SUBTOTAL of Receipts This Page (optional	)		65.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 28 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  OmniCare, Inc. Politcal Action Com	he name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS TUCKER  Mailing Address 11201 RIVER OAKS  City OSCEOLA  FEC ID number of contributing federal political committee.	State IN	Zip Code 46561	Date of Receipt    1 2
Name of Employer OMNICARE, INC  Receipt For:  Primary General  Other (specify) ▼	Occupation PHARMA Aggregate		on - \$25.00
Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS	LN W		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: SA11AI.7192
OSCEOLA  FEC ID number of contributing federal political committee.  Name of Employer	C	46561	Amount of Each Receipt this Period  25.00  Bi-weekly payroll deduction - \$25.00
Name of Employer OMNICARE, INC  Receipt For:  Primary  General  Other (specify) ▼	PHARMA		OII - \$25.00
Full Name (Last, First, Middle Initial) Tim Waters			Date of Receipt
Mailing Address 47 Terra Ave.			1 1 2 6 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.7130
Alexandria  FEC ID number of contributing federal political committee.	C	71303	Amount of Each Receipt this Period  15.00
Name of Employer Omnicare, Inc.	Occupation Pharmac		Bi-weekly payroll deduction - \$15.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)	1		65.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  OmniCare, Inc. Politcal Action Com	Statements may not be sold or used by any pene name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Tim Waters  Mailing Address 47 Terra Ave.  City Alexandria  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code LA 71303  C  Occupation Pharmacist  Aggregate Year-to-Date  375.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Tim Waters  Mailing Address 47 Terra Ave.  City  Alexandria  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code LA 71303  C  Occupation Pharmacist  Aggregate Year-to-Date  390.00	Date of Receipt    M   M   23   2010   Transaction ID: SA11AI.7185   Amount of Each Receipt this Period   15.00    Bi-weekly payroll deduction - \$15.00
Full Name (Last, First, Middle Initial) Thomas Weiss  Mailing Address 1601 Springdale Roa  City Cherry Hill  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc  Receipt For: Primary General Other (specify)	State Zip Code NJ 08003  C  Occupation Product Manager/Business Process Aggregate Year-to-Date  220.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		40.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16	
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  OmniCare, Inc. Political Action Commercial Purposes (In Full)	and Statements may not be sold or used by any ping the name and address of any political committee	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Thomas Weiss Mailing Address 1601 Springdale  City Cherry Hill  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc  Receipt For:	State Zip Code NJ 08003  C  Occupation Product Manager/Business Proces	Date of Receipt    M M	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  230.00		
Full Name (Last, First, Middle Initial) Thomas Weiss Mailing Address 1601 Springdale	Road	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y	
City	State Zip Code	Transaction ID: SA11AI.7202	
Cherry Hill	NJ 08003	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	10.00	
Name of Employer Omnicare, Inc	Occupation Product Manager/Business Proces	Semi-monthly payroll dedu- ction - \$10.00 ss Ar¢hi	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00		
Full Name (Last, First, Middle Initial) MICHAEL WOOD Mailing Address 3458 MIDAS RID	GE LANE	Date of Receipt    M	
City	City State Zip Code		
RIVERTON	UT 84065	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	10.00	
Name of Employer OMNICARE INC	Occupation PHARMACIST	Bi-weekly payroll deducti- on - \$10.00	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00		
SUBTOTAL of Receipts This Page (optic	onal)	30.00	

	SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 28 (check only one)    X		
0	ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements ma the name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	OmniCare, Inc. Politcal Action Com					
٠.	Full Name (Last, First, Middle Initial) MICHAEL WOOD	Date of Receipt				
	Mailing Address 3458 MIDAS RIDGE	12 / 10 / 2010				
	City RIVERTON	State UT	Zip Code 84065	Transaction ID: SA11AI.7154  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	0.000	10.00		
	Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly payroll deducti- on - \$10.00		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
-	Full Name (Last, First, Middle Initial) MICHAEL WOOD			Date of Receipt		
	Mailing Address 3458 MIDAS RIDGE LANE			12 23 2010		
	City	State	Zip Code	Transaction ID: SA11AI.7177		
	RIVERTON  FEC ID number of contributing federal political committee.	C	84065	Amount of Each Receipt this Period		
	Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly payroll deduction - \$10.00		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00			
_	Full Name (Last, First, Middle Initial) MICHAEL ZANDRI	Date of Receipt				
	Mailing Address 8215 ROYAL SCAR	Mailing Address 8215 ROYAL SCARLET DRIVE				
	City BALDWINSVILLE	State NY	Zip Code 13027	Transaction ID: SA11AI.7129  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		15.00		
	Name of Employer OMNICARE INC	Occupation PHARMACIST/AREA MANAGER		Bi-weekly payroll deducti- on - \$15.00		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00			
	SUBTOTAL of Receipts This Page (optional	)		35.00		

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В.

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

PAGE 28 / 28 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) MICHAEL ZANDRI Date of Receipt Mailing Address 8215 ROYAL SCARLET DRIVE 12 10 2010 City State Zip Code Transaction ID: SA11AI.7160 **BALDWINSVILLE** NY 13027 Amount of Each Receipt this Period FEC ID number of contributing 15.00 C federal political committee. Bi-weekly payroll deduction - \$15.00 Name of Employer OMNICARE INC Occupation PHARMACIST/AREA MANAGER Receipt For: Aggregate Year-to-Date General Primary 375.00 Other (specify) Full Name (Last, First, Middle Initial) MICHAEL ZANDRI Date of Receipt Mailing Address 8215 ROYAL SCARLET DRIVE 23 2010 City State Zip Code Transaction ID: SA11AI.7187 **BALDWINSVILLE** NY 13027 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Bi-weekly payroll deduction - \$15.00 Name of Employer OMNICARE INC Occupation PHARMACIST/AREA MANAGER Receipt For: Aggregate Year-to-Date ▼

390.00

SUBTOTAL of Receipts This Page (optional)	•	30.00
TOTAL This Period (last page this line number only)	<b>•</b>	2184.91

Primary

Other (specify)

General