

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

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

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  
Quarterly 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)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

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

Electronically Filed by Thomas R Marsh

Date

0 1

1 1

2 0 1 1

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)

2 / 28

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	32353.40
(b) Cash on Hand at Beginning of Reporting Period .....	37353.11	
(c) Total Receipts (from Line 19) .....	2379.67	23971.96
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	39732.78	56325.36
7. Total Disbursements (from Line 31) .....	94.65	16687.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	39638.13	39638.13
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)

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Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
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
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2379.67	23971.96
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 Transfer (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)) .....	2379.67	23971.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2379.67	23971.96

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	16500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (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.....	94.65	187.23	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared 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))..	94.65	16687.23	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	94.65	16687.23	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 28

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) .....	2379.67	23971.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2379.67	23971.96
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 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

916.74

Date of Receipt

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

Transaction ID: SA11AI.7210

Amount of Each Receipt this Period

41.67

Semi-monthly payroll deduc-  
tion - \$41.67

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

958.41

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7199

Amount of Each Receipt this Period

41.67

Semi-monthly payroll deduc-  
tion - \$41.67

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

1000.08

Date of Receipt

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

Transaction ID: SA11AI.7206

Amount of Each Receipt this Period

41.67

Semi-monthly payroll deduc-  
tion - \$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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

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  
1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.7132

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-  
on - \$15.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

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  
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.7161

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-  
on - \$15.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

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  
1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.7184

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-  
on - \$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 8 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

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 ▼

924.00

Date of Receipt

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

Transaction ID: SA11AI.7146

Amount of Each Receipt this Period

42.00

Semi-monthly payroll deduc-  
tion - \$42.00

**B.**

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

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  
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7148

Amount of Each Receipt this Period

200.00

Semi-monthly payroll deduc-  
tion - \$200.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

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  
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7201

Amount of Each Receipt this Period

200.00

Semi-monthly payroll deduc-  
tion - \$200.00

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

442.00

**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 9 / 28

(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

A.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Roversford

State

PA

Zip Code

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  
 1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.7208

Amount of Each Receipt this Period

200.00

Semi-monthly payroll dedu-  
ction - \$200.00

B.

Full Name (Last, First, Middle Initial)

DONALD BARNES

Mailing Address 32 W CO RD 300 S

City

GREENCASTLE

State

IN

Zip Code

46135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.7133

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-  
on - \$15.00

C.

Full Name (Last, First, Middle Initial)

DONALD BARNES

Mailing Address 32 W CO RD 300 S

City

GREENCASTLE

State

IN

Zip Code

46135

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  
 1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.7162

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-  
on - \$15.00

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

230.00

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 10 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

DONALD BARNES

Mailing Address 32 W CO RD 300 S

City

GREENCASTLE

State

IN

Zip Code

46135

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 ▼

390.00

Date of Receipt

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

Transaction ID: SA11AI.7183

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-  
on - \$15.00**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1870.00

Date of Receipt

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

Transaction ID: SA11AI.7147

Amount of Each Receipt this Period

85.00

Semi-monthly payroll dedu-  
ction - \$85.00**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	1	0

Transaction ID: SA11AI.7200

Amount of Each Receipt this Period

85.00

Semi-monthly payroll dedu-  
ction - \$85.00

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

185.00

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 11 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

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

Transaction ID: SA11AI.7207

Amount of Each Receipt this Period

85.00

Semi-monthly payroll dedu-  
ction - \$85.00**B.**

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNICARE INC

Occupation

SALES

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: SA11AI.7142

Amount of Each Receipt this Period

20.00

Semi-monthly payroll dedu-  
ction - \$20.00**C.**

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNICARE INC

Occupation

SALES

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	1	0

Transaction ID: SA11AI.7196

Amount of Each Receipt this Period

20.00

Semi-monthly payroll dedu-  
ction - \$20.00

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

125.00

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 12 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNICARE INCOccupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.7203

Amount of Each Receipt this Period

20.00

Semi-monthly payroll dedu-  
ction - \$20.00**B.**

Full Name (Last, First, Middle Initial)

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 - EvergreenOccupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.7134

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-  
on - \$20.00**C.**

Full Name (Last, First, Middle Initial)

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 - EvergreenOccupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.7165

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-  
on - \$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 13 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

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

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

Transaction ID: SA11AI.7188

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-  
on - \$20.00

**B.**

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OMNICARE INC

Occupation  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.7140

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on - \$50.00

**C.**

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OMNICARE INC

Occupation  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.7171

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on - \$50.00

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

120.00

**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 / 28

(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

A.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.7194

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on - \$50.00

B.

Full Name (Last, First, Middle Initial)

PATRICE L JOHNSON

Mailing Address 19423 HICKORY PL

City

COUNTRY CLUB HILLS

State

IL

Zip Code

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  
 1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.7124

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on - \$10.00

C.

Full Name (Last, First, Middle Initial)

PATRICE L JOHNSON

Mailing Address 19423 HICKORY PL

City

COUNTRY CLUB HILLS

State

IL

Zip Code

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  
 1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.7157

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on - \$10.00

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

70.00

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 15 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

PATRICE L JOHNSON

Mailing Address 19423 HICKORY PL

City

COUNTRY CLUB HILLS

State

IL

Zip Code

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 ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.7180

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on - \$10.00

**B.**

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.80

Date of Receipt

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

Transaction ID: SA11AI.7145

Amount of Each Receipt this Period

34.90

Semi-monthly payroll dedu-  
ction - \$34.90

**C.**

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

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  
1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.7139

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deducti-  
on - \$40.00

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

84.90

**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 16 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

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 / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.7170

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deducti-  
on - \$40.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

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 ▼

1040.00

Date of Receipt

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

Transaction ID: SA11AI.7193

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deducti-  
on - \$40.00

**C.**

Full Name (Last, First, Middle Initial)

DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City

MALTA

State

NY

Zip Code

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

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.7135

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-  
on - \$20.00

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

100.00

**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 17 / 28

(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

A.

Full Name (Last, First, Middle Initial)

DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City

MALTA

State

NY

Zip Code

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

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

Transaction ID: SA11AI.7167

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-  
on - \$20.00

B.

Full Name (Last, First, Middle Initial)

DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City

MALTA

State

NY

Zip Code

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  
1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.7189

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-  
on - \$20.00

C.

Full Name (Last, First, Middle Initial)

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  
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.7144

Amount of Each Receipt this Period

25.00

Semi-monthly payroll dedu-  
ction - \$25.00

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

65.00

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 18 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)  
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 ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7198

Amount of Each Receipt this Period

25.00

Semi-monthly payroll deduc-  
tion - \$25.00

**B.**

Full Name (Last, First, Middle Initial)  
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  
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.7205

Amount of Each Receipt this Period

25.00

Semi-monthly payroll deduc-  
tion - \$25.00

**C.**

Full Name (Last, First, Middle Initial)  
JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City State Zip Code  
NASHVILLE TN 37216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OMNICARE INC

Occupation  
CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

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

Transaction ID: SA11AI.7143

Amount of Each Receipt this Period

21.00

Semi-monthly payroll deduc-  
tion - \$21.00

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

71.00

**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 19 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7197

Amount of Each Receipt this Period

21.00

Semi-monthly payroll deduc-  
tion - \$21.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

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

Transaction ID: SA11AI.7204

Amount of Each Receipt this Period

21.00

Semi-monthly payroll deduc-  
tion - \$21.00

**C.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.7125

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on - \$10.00

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

52.00

**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 20 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER PALEN

Mailing Address 158 WORKS ROAD

City State Zip Code  
HONEOYE FALLS NY 14472

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OMNICARE INC

Occupation  
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.7155

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on - \$10.00

**B.**

Full Name (Last, First, Middle Initial)  
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 / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.7178

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on - \$10.00

**C.**

Full Name (Last, First, Middle Initial)  
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  
1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.7126

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on - \$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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City

LOUISVILLE

State

KY

Zip Code

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  
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.7156

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on - \$10.00

**B.**

Full Name (Last, First, Middle Initial)

DARREN PARKS

Mailing Address 3511 SORRENTO AVE

City

LOUISVILLE

State

KY

Zip Code

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  
1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.7176

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on - \$10.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.7137

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on - \$25.00

**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 22 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: SA11AI.7169

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on - \$25.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.7191

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on - \$25.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.7136

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-  
on - \$20.00

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

70.00

**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 23 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.7166

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-  
on - \$20.00

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.7190

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-  
on - \$20.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

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  
1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.7138

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on - \$25.00

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

65.00

**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 24 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

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  
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.7168

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on - \$25.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

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  
1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.7192

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on - \$25.00

**C.**

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.7130

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-  
on - \$15.00

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

65.00

**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 25 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

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  
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.7163

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-  
on - \$15.00

**B.**

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

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 ▼

390.00

Date of Receipt

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

Transaction ID: SA11AI.7185

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-  
on - \$15.00

**C.**

Full Name (Last, First, Middle Initial)

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

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

Transaction ID: SA11AI.7141

Amount of Each Receipt this Period

10.00

Semi-monthly payroll dedu-  
ction - \$10.00

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

40.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

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

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7195

Amount of Each Receipt this Period

10.00

Semi-monthly payroll dedu-  
ction - \$10.00

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.7202

Amount of Each Receipt this Period

10.00

Semi-monthly payroll dedu-  
ction - \$10.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City

RIVERTON

State

UT

Zip Code

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

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.7122

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on - \$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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City

RIVERTON

State

UT

Zip Code

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

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

Transaction ID: SA11AI.7154

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on - \$10.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL WOOD

Mailing Address 3458 MIDAS RIDGE LANE

City

RIVERTON

State

UT

Zip Code

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  
1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.7177

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on - \$10.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

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  
1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.7129

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-  
on - \$15.00

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

35.00

**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 28 / 28

(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

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

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
1	2	/	1	0	/	2	0	1	0

Transaction ID: SA11AI.7160

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-  
on - \$15.00**B.**

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

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
1	2	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.7187

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-  
on - \$15.00

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

30.00

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

2184.91