

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

Office Use Only

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

12FE4M5

OMNICARE, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

900 OMNICARE CENTER

201 E FOURTH STREET

☐ Check if different than previously reported. (ACC)

CINCINNATI

OH

45202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00392886

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☒ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Donna Lecky

Signature of Treasurer

Donna Lecky

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">104128.25</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">111159.35</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">6054.00</span>	<span style="border: 1px solid black; padding: 2px;">13512.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">117213.35</span>	<span style="border: 1px solid black; padding: 2px;">117640.25</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">439.86</span>	<span style="border: 1px solid black; padding: 2px;">866.76</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">116773.49</span>	<span style="border: 1px solid black; padding: 2px;">116773.49</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
04		01		2015

To:

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

**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).....

3065.00

3965.00

(ii) Unitemized .....

2989.00

9547.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

6054.00

13512.00

(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) ..... ▶

6054.00

13512.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

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

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

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

0.00

0.00

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

6054.00

13512.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

6054.00

13512.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	439.86	439.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	439.86	439.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	426.90
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	439.86	866.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	439.86	866.76

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6054.00	13512.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6054.00	13512.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	439.86	439.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	439.86	439.86

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

PAGE 6 OF 41

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

NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Todd Anderson**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.9708

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Todd Anderson**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.9766

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Todd Anderson**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.9823

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 41

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Alan R Bell**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

Transaction ID : SA11AI.9709

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Alan R Bell**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.9767

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Alan R Bell**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

Transaction ID : SA11AI.9824

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Barry R Bress

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

Transaction ID : SA11AI.9712

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Barry R Bress

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015

Transaction ID : SA11AI.9770

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Barry R Bress

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Retail Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

Transaction ID : SA11AI.9827

Amount of Each Receipt this Period

20.00

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

60.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Mark P Celebre**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 22 2015

Transaction ID : SA11AI.9714

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mark P Celebre**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 05 2015

Transaction ID : SA11AI.9772

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mark P Celebre**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Customer Service Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 19 2015

Transaction ID : SA11AI.9829

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 10 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jeremy T Colvin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

**Transaction ID : SA11AI.9715**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jeremy T Colvin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

**Transaction ID : SA11AI.9773**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jeremy T Colvin**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : SA11AI.9830**

Amount of Each Receipt this Period

20.00

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

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

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Brian W Egan**Mailing Address 201 E. Fourth Street  
900 Omnicare CenterCity State Zip Code  
Cincinnati OH 45202FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2015

Transaction ID : SA11AI.9718

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Brian W Egan**Mailing Address 201 E. Fourth Street  
900 Omnicare CenterCity State Zip Code  
Cincinnati OH 45202FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy 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
06		05		2015

Transaction ID : SA11AI.9776

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Brian W Egan**Mailing Address 201 E. Fourth Street  
900 Omnicare CenterCity State Zip Code  
Cincinnati OH 45202FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy 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
06		19		2015

Transaction ID : SA11AI.9833

Amount of Each Receipt this Period

20.00

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

60.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 41  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Steven Gates**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, FP&amp;A Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

**Transaction ID : SA11AI.9720**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Steven Gates**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, FP&amp;A Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	5		

**Transaction ID : SA11AI.9778**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Ivan Gordon**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

**Transaction ID : SA11AI.9721**

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 41

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Ivan Gordon**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015

Transaction ID : SA11AI.9779

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Ivan Gordon**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

Transaction ID : SA11AI.9835

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Terry Harris**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2015

Transaction ID : SA11AI.9541

Amount of Each Receipt this Period

40.00

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

80.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 41

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Terry Harris**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2015

Transaction ID : SA11AI.9601

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Terry Harris**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : SA11AI.9663

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Terry Harris**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

Transaction ID : SA11AI.9723

Amount of Each Receipt this Period

40.00

**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:  
(check only one)

PAGE 15 OF 41

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Terry Harris**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

MM / DD / YYYY  
06 / 05 / 2015

Transaction ID : SA11AI.9781

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **B. Terry Harris**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2015

Transaction ID : SA11AI.9837

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **C. Susan J Klem**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2015

Transaction ID : SA11AI.9726

Amount of Each Receipt this Period

20.00

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

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

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Susan J Klem**Mailing Address 201 E. Fourth Street  
900 Omnicare CenterCity State Zip Code  
Cincinnati OH 45202FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.9784

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Susan J Klem**Mailing Address 201 E. Fourth Street  
900 Omnicare CenterCity State Zip Code  
Cincinnati OH 45202FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

Transaction ID : SA11AI.9840

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Robert O Kraft**Mailing Address 201 E. Fourth Street  
900 Omnicare CenterCity State Zip Code  
Cincinnati OH 45202FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2015

Transaction ID : SA11AI.9546

Amount of Each Receipt this Period

100.00

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

140.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 41

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

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert O Kraft**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 24 / 2015

Transaction ID : SA11AI.9606

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Robert O Kraft**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : SA11AI.9668

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Robert O Kraft**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2015

Transaction ID : SA11AI.9727

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 41

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert O Kraft**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

**Transaction ID : SA11AI.9785**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Robert O Kraft**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : SA11AI.9841**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Donna Lecky**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2015

**Transaction ID : SA11AI.9549**

Amount of Each Receipt this Period

40.00

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

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

240.00

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

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

FOR LINE NUMBER: PAGE 19 OF 41

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donna Lecky**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2015

**Transaction ID : SA11AI.9609**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Donna Lecky**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

**Transaction ID : SA11AI.9671**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Donna Lecky**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

**Transaction ID : SA11AI.9730**

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

 FOR LINE NUMBER: PAGE 20 OF 41  
 (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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Donna Lecky**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.9788

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Donna Lecky**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.9844

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. John J Lockard**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.9732

Amount of Each Receipt this Period

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:  
(check only one)

PAGE 21 OF 41

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

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

NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John J Lockard**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
06 / 05 / 2015

**Transaction ID : SA11AI.9790**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. John J Lockard**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2015

**Transaction ID : SA11AI.9846**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Nancy J Losben**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2015

**Transaction ID : SA11AI.9733**

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 22 OF 41

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

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Nancy J Losben**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.9791

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Nancy J Losben**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.9847

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Stephen J Rappa**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.9744

Amount of Each Receipt this Period

10.00

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

50.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 41

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

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Stephen J Rappa**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : SA11AI.9765

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Stephen J Rappa**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.9801

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Stephen J Rappa**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.9822

Amount of Each Receipt this Period

10.00

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

30.00

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

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

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

 FOR LINE NUMBER: PAGE 24 OF 41  
 (check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Stephen J Rappa**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.9857

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Stephen J Rappa**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.9876

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Amy Roberts**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.9745

Amount of Each Receipt this Period

20.00

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

40.00

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



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

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

 FOR LINE NUMBER: PAGE 25 OF 41  
 (check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Amy Roberts**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

 City State Zip Code  
 Cincinnati OH 45202

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015

Transaction ID : SA11AI.9802

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Amy Roberts**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

 City State Zip Code  
 Cincinnati OH 45202

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

Transaction ID : SA11AI.9858

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Thomas Schleigh**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

 City State Zip Code  
 Cincinnati OH 45202

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2015

Transaction ID : SA11AI.9565

Amount of Each Receipt this Period

40.00

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

80.00

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 PageFOR LINE NUMBER: PAGE 26 OF 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas Schleigh**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 24 / 2015

Transaction ID : SA11AI.9625

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Thomas Schleigh**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : SA11AI.9687

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Thomas Schleigh**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2015

Transaction ID : SA11AI.9746

Amount of Each Receipt this Period

40.00

**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 27 OF 41

(check only one)

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

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Thomas Schleigh**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015

Transaction ID : SA11AI.9803

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Thomas Schleigh**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

Transaction ID : SA11AI.9859

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Mark Schroder**

Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

Transaction ID : SA11AI.9747

Amount of Each Receipt this Period

20.00

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

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

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 41  
(check only one)

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

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mark Schroder**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.9804

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Robin Taylor**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2015

Transaction ID : SA11AI.9750

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Robin Taylor**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.9807

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 41

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robin Taylor**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director, Account Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.9862

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Elizabeth Terry**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 10 / 2015

Transaction ID : SA11AI.9570

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth Terry**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 24 / 2015

Transaction ID : SA11AI.9630

Amount of Each Receipt this Period

40.00

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

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

100.00

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

PAGE 30 OF 41

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

NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Terry**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	8		2	0	1	5		

**Transaction ID : SA11AI.9692**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Daniel A Thomas**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City

State

Zip Code

Cincinnati

OH

45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Omnicare, Inc.

VP &amp; GM RxCrossroads

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

**Transaction ID : SA11AI.9751**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Daniel A Thomas**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City

State

Zip Code

Cincinnati

OH

45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Omnicare, Inc.

VP &amp; GM RxCrossroads

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	5		

**Transaction ID : SA11AI.9808**

Amount of Each Receipt this Period

20.00

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

80.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 41

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

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

NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Daniel A Thomas**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP & GM RxCrossroads

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2015

**Transaction ID : SA11AI.9863**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Gina J. Timmons**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2015

**Transaction ID : SA11AI.9752**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Gina J. Timmons**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
06 / 05 / 2015

**Transaction ID : SA11AI.9809**

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

 FOR LINE NUMBER:  
 (check only one)

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Gina J. Timmons**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Customer Facing Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.9864

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Thomas Tucker**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2015

Transaction ID : SA11AI.9634

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Thomas Tucker**
 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : SA11AI.9696

Amount of Each Receipt this Period

25.00

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 33 OF 41  
 (check only one)

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NAME OF COMMITTEE (In Full)

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Thomas Tucker

 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.9754

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Thomas Tucker

 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.9811

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Thomas Tucker

 Mailing Address 201 E. Fourth Street  
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.9866

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 41

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Denise Von Dohren**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

Transaction ID : SA11AI.9756

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Denise Von Dohren**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.9813

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Denise Von Dohren**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Brand Support Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

Transaction ID : SA11AI.9868

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 41

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. David H West**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

Transaction ID : SA11AI.9758

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. David H West**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.9815

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Janine Wolfram**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

Transaction ID : SA11AI.9761

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Janine Wolfram**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : SA11AI.9818**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Janine Wolfram**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacy General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

**Transaction ID : SA11AI.9872**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Michael Wood**Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

**Transaction ID : SA11AI.9762**

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Wood**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
06 / 05 / 2015

**Transaction ID : SA11AI.9819**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Michael Wood**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2015

**Transaction ID : SA11AI.9873**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jennifer M Yowler**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Financial Processes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2015

**Transaction ID : SA11AI.9763**

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jennifer M Yowler**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Financial Processes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
06 / 05 / 2015

**Transaction ID : SA11AI.9820**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jennifer M Yowler**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Financial Processes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2015

**Transaction ID : SA11AI.9874**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Barbara J Zarowitz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY  
04 / 10 / 2015

**Transaction ID : SA11AI.9584**

Amount of Each Receipt this Period

40.00

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

80.00

**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 PageFOR LINE NUMBER:  
(check only one)

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

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Barbara J Zarowitz**Mailing Address 201 E. Fourth Street  
900 Omnicare CenterCity State Zip Code  
Cincinnati OH 45202FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 24 / 2015

Transaction ID : SA11AI.9646

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Barbara J Zarowitz**Mailing Address 201 E. Fourth Street  
900 Omnicare CenterCity State Zip Code  
Cincinnati OH 45202FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : SA11AI.9706

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Barbara J Zarowitz**Mailing Address 201 E. Fourth Street  
900 Omnicare CenterCity State Zip Code  
Cincinnati OH 45202FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2015

Transaction ID : SA11AI.9764

Amount of Each Receipt this Period

40.00

**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:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Barbara J Zarowitz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.9821

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Barbara J Zarowitz**

Mailing Address 201 E. Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11AI.9875

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

80.00

3065.00



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

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**OMNICARE, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. US BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2015

Mailing Address P.O. Box 1800

City	State	Zip Code
Saint Paul	MN	55101

**Transaction ID : SB21B.9877**

Purpose of Disbursement

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

160.38

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. US BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2015

Mailing Address P.O. Box 1800

City	State	Zip Code
Saint Paul	MN	55101

**Transaction ID : SB21B.9878**

Purpose of Disbursement

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

141.36

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. US BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Mailing Address P.O. Box 1800

City	State	Zip Code
Saint Paul	MN	55101

**Transaction ID : SB21B.9879**

Purpose of Disbursement

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

138.12

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

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

439.86

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

439.86