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Image# 201507159000164707

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| | r Other Than An Aut | _ | Office Use Only |
|---|--|--|---|
| 1. NAME OF TY COMMITTEE (in full) | PE OR PRINT ▼ | Example: If typing, type over the lines. | 12FE4M5 |
| OMNICARE, INC. POLIT | FICAL ACTION CO | MMITTEE | |
| | | | |
| ADDRESS (number and street) | 900 OMNICARE CENTER | | |
| ▼ ` ' | 201 E FOURTH STREET CINCINNATI | | OH 45202 - |
| 2. FEC IDENTIFICATION NUM | BER ▼ CIT | TY 🛦 | STATE ▲ ZIP CODE ▲ |
| C C00392886 | | S THIS NEW (N) OF | 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) | Report Due On: Mar | General (30G) | Sep 20 (M9) Sep 20 (M9) Sep 20 (M12) (Non-Election Year Only) |
| 5. Covering Period 04 | 01 2015 | through 06 | M / D D / Y Y Y Y Y Y 30 2015 |
| I certify that I have examined this I Type or Print Name of Treasurer | Report and to the best of Donna Lecky | my knowledge and belief it is | true, correct and complete. |
| Signature of Treasurer Donna L | ecky | [Electronically Filed] | Date 07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of false, erroneou | us, or incomplete information | n may subject the person signing | g this Report to the penalties of 2 U.S.C. §437g. |
| Office Use Only | | | FEC FORM 3X Rev. 12/2004 |

| FEC Form 3X (Rev. 02/2003) | SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS | Page 2 |
|--|--|-----------------------------------|
| Write or Type Committee Name | | |
| OMNICARE, INC. POLITICAL ACT | TION COMMITTEE | |
| Report Covering the Period: From: 04 | | To: 06 30 / Y Y Y Y Y Y |
| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. (a) Cash on Hand January 1, 2015 | | 104128.25 |
| (b) Cash on Hand at Beginning of Reporting Period | 111159.35 | |
| (c) Total Receipts (from Line 19) | 6054.00 | 13512.00 |
| (d) Subtotal (add Lines 6(b) and | | |
| 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 117213.35 | 117640.25 |
| 7. Total Disbursements (from Line 31) | 439.86 | 866.76 |
| 8. Cash on Hand at Close of | | |
| Reporting Period (subtract Line 7 from Line 6(d)) | 116773.49 | 116773.49 |
| 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 multical | ndidate committee. (see FEC FORM 1M) | |

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

OMNICARE, INC. POLITICAL ACTION COMMITTEE

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---|-----------------------------------|
| . 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 | 0.00 | 0.00 |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines | | |
| 11(a)(iii), (b), and (c)) (Carry | 6054.00 | 13512.00 |
| Totals to Line 33, page 5) | 000-100 | |
| Party Committees | 0.00 | 0.00 |
| . 4, | 7 | 7 7 |
| . All Loans Received | 0.00 | 0.00 |
| | , | |
| Loan Repayments Received | 0.00 | 0.00 |
| . Offsets To Operating Expenditures | 7 | 7 |
| (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| . Refunds of Contributions Made | | |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 0.00 |
| . Other Federal Receipts | | |
| (Dividends, Interest, etc.) | 0.00 | 0.00 |
| . 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 |
| (5) 15.5.1 11.01.01.0 (4.5.4 10(4) 4.14 10(5)) | | 0.00 |
| . Total Receipts (add Lines 11(d), | | |
| 12, 13, 14, 15, 16, 17, and 18(c))▶ | 6054.00 | 13512.00 |
| . 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 |
|--|----------------------------|-----------------------------------|
| . Operating Expenditures: (a) Allocated Federal/Non-Federal | Total Ting I Gliou | Calcilual Teal-10-Date |
| Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) N 5 1 1 0 | 0.00 | 0.00 |
| (ii) Non-Federal Share(b) Other Federal Operating | 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 |
| Transfers to Affiliated/Other Party | | |
| CommitteesContributions to | 0.00 | 0.00 |
| Federal Candidates/Committees and Other Political Committees | 0.00 | 0.00 |
| Independent Expenditures | | |
| (use Schedule E) | 0.00 | 0.00 |
| Coordinated Party Expenditures (2 U.S.C. §441a(d)) | 200 | |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| Lean Denovimente Made | 0.00 | 0.00 |
| Loan Repayments Made | 0.00 | 0.00 |
| Loans Made | 0.00 | 0.00 |
| Refunds of Contributions To: (a) Individuals/Persons Other | | |
| Than Political Committees | 0.00 | 0.00 |
| (1) P. III. I. P. I. Q. III. | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (con an only | | |
| (d) Total Contribution Refunds | 0.00 | |
| (add Lines 28(a), (b), and (c))▶ | 0.00 | 0.00 |
| Other Disbursements | 0.00 | 426.90 |
| Other Dispursements | 0.00 | 420.30 |
| Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity | | |
| (from Schedule H6) | 0.00 | 0.00 |
| (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 |
| Total Dishurasments (add Lines 01/s) 00 | | |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 439.86 | 066.76 |
| 25, 21, 25, 25, 27, 25(4), 25 414 55(6), | 100.00 | 866.76 |
| 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 |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 6054.00 | 13512.00 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 6054.00 | 13512.00 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 439.86 | 439.86 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 439.86 | 439.86 |

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

| . OIL EINE HOMBEIN | | | | | | | : | 6 | OF | 41 |
|--------------------|--|----|--|----|-----|----|----|----|----|----|
| (check only one) | | | | | | | | | | |
| X 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

| | he name and address of any political committee to | |
|--|---|--|
| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) 1. Todd Anderson | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 05 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9708 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Pharmacy General Manager | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 220.00 | |
| Full Name (Last, First, Middle Initial) 3. Todd Anderson | | Date of Receipt |
| Mailing Address 201 E. Fourth Street | | M M / D D / Y Y Y Y |
| 900 Omnicare Center City | State Zip Code | 06 05 2015 |
| Cincinnati | OH 45202 | Transaction ID : SA11AI.9766 Amount of Each Receipt this Period |
| | | Amount of Lacif neceipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Pharmacy General Manager | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 240.00 | |
| Full Name (Last, First, Middle Initial) . Todd Anderson | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9823 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Pharmacy General Manager | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 33 3 | |
| Other (specify) ▼ | 260.00 | |
| SUBTOTAL of Receipts This Page (optional). | • | 60.00 |
| TOTAL This Period (last page this line number | er only) | |

| FO | PAGE | 7 | OF | 41 | | | | |
|-----|-------------|-----|-----|----|----|----|---|----|
| (ch | eck only | or | ne) | | | | | |
| E | 1 1a | 11c | 12 | 2 | | | | |
| | 13 | | 14 | | 15 | 16 | 6 | 17 |

| | s and Statements may not be sold or used by any per- sing the name and address of any political committee t | | | | | |
|--|--|------------------------------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITIC | CAL ACTION COMMITTEE | | | | | |
| Full Name (Last, First, Middle Initial) A. Alan R Bell | | Date of Receipt | | | | |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 05 22 2015 | | | | |
| City | State Zip Code | Transaction ID : SA11AI.9709 | | | | |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 20.00 | | | | |
| Name of Employer | Occupation | † | | | | |
| Omnicare, Inc. | Sr. Director, Clinical Services | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | 7 | | | | |
| Primary General | 00 0 | | | | | |
| Other (specify) ▼ | 220.00 | | | | | |
| Full Name (Last, First, Middle Initial) Alan R Bell | | Date of Receipt | | | | |
| Mailing Address 201 E. Fourth Street | | M = M / D = D / Y = Y = Y | | | | |
| 900 Omnicare Center | | 06 05 2015 | | | | |
| City | State Zip Code | Transaction ID : SA11AI.9767 | | | | |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 20.00 | | | | |
| Name of Employer | Occupation | | | | | |
| Omnicare, Inc. | Sr. Director, Clinical Services | j | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | | |
| Primary General Other (specify) ▼ | 240.00 | | | | | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt | | | | |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 06 19 2015 | | | | |
| City | State Zip Code | Transaction ID : SA11AI.9824 | | | | |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 20.00 | | | | |
| Name of Employer | Name of Employer Occupation | | | | | |
| Omnicare, Inc. | | | | | | |
| Receipt For: | | | | | | |
| Primary General | | | | | | |
| Other (specify) ▼ | 260.00 | | | | | |
| SUBTOTAL of Receipts This Page (option | nal) | 60.00 | | | | |
| | umber only) | | | | | |
| I IIIO I ONOG (last page tills lille fit | | | | | | |

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

| FOF | PAGE | 8 | OF | 41 | | | | |
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| (che | ck only | or | ne) | | | | | |
| × | 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

| | ne name and address of any political committee to | |
|--|---|------------------------------------|
| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) A. Barry R Bress | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 05 |
| City | State Zip Code | Transaction ID : SA11AI.9712 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, Retail Pharmacy Operations | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 220.00 | |
| Full Name (Last, First, Middle Initial) 3. Barry R Bress | | Date of Receipt |
| Mailing Address 201 E. Fourth Street | | M = M / D = D / Y = Y = Y |
| 900 Omnicare Center | | 06 05 2015 |
| City | State Zip Code | Transaction ID : SA11AI.9770 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, Retail Pharmacy Operations | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 240.00 | |
| Full Name (Last, First, Middle Initial) Barry R Bress | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 06 19 / Y = Y = Y = Y |
| City | State Zip Code | Transaction ID : SA11AI.9827 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, Retail Pharmacy Operations | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 33 0 | |
| Other (specify) ▼ | 260.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 60.00 |
| TOTAL This Period (last page this line number | r only) | |

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

| | | | | | | PAGE | 9 | OF | 41 | |
|------------------|-----------|--|----|--|----|------|-----|----|----|----|
| (check only one) | | | | | | | | | | |
| | X 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

| | e name and address of any political committee to | |
|--|--|---|
| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) A. Mark P Celebre | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 05 |
| City | State Zip Code | Transaction ID : SA11AI.9714 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Regional Customer Service Director | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 220.00 | |
| Full Name (Last, First, Middle Initial) Mark P Celebre | | Date of Receipt |
| Mailing Address 201 E. Fourth Street | | M = M / D = D / Y = Y = Y |
| 900 Omnicare Center | State 7in Code | 06 05 2015 |
| Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9772 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Regional Customer Service Director | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 240.00 | |
| Full Name (Last, First, Middle Initial) C. Mark P Celebre | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9829 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Regional Customer Service Director | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | gg. ega.o Tout to Date ▼ | |
| Other (specify) ▼ | 260.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 60.00 |
| TOTAL This Period (last page this line number | only) | |

| ı | | R LINE | | | : | PAGE | 10 | OF | 41 |
|---|------|---------|----|-----|---|------|--------|----|----|
| ı | (che | ck only | or | ne) | | | | | |
| | X | 11a | | 11b | | 11c | 12 | | |
| ı | | 13 | | 14 | | 15 | 16 | ; | 17 |

| or for commercial purposes, other than using the | tatements may not be sold or used by any persolation and address of any political committee to | |
|--|--|------------------------------------|
| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) Jeremy T Colvin Mailing Address 201 E. Fourth Street | | Date of Receipt |
| 900 Omnicare Center | - Chat | 05 22 2015 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9715 |
| Cincinnati | U. 1 402UZ | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, LTC Sales | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 00 0 | |
| Other (specify) | 220.00 | |
| Full Name (Last, First, Middle Initial) 3. Jeremy T Colvin | | Date of Receipt |
| Mailing Address 201 E. Fourth Street | | M = M / D = D / Y = Y = Y |
| 900 Omnicare Center | State 7's Code | 06 05 2015 |
| Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9773 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, LTC Sales | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 240.00 | |
| Full Name (Last, First, Middle Initial) C. Jeremy T Colvin | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 06 19 2015 |
| City | State Zip Code | Transaction ID : SA11AI.9830 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, LTC Sales | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 260.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 60.00 |
| TOTAL This Period (last page this line number of | <u> </u> | |

| FOR LIN | E NUM | BER: | PAGE | 1 | 1 OF | = | 41 |
|--------------|----------|------|------|---|------|---|----|
| (check or | nly one) | | | | | | |
| X 11a | 1 | 1b | 11c | | 12 | | |
| 13 | 14 | 4 | 15 | | 16 | | 17 |

| | Statements may not be sold or used by any persole name and address of any political committee to | |
|--|--|---|
| 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 | | Date of Receipt |
| 900 Omnicare Center | | 05 22 2015 |
| City | State Zip Code | Transaction ID : SA11AI.9718 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Pharmacy General Manager | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 220.00 | |
| Full Name (Last, First, Middle Initial) Brian W Egan | | Date of Receipt |
| Mailing Address 201 E. Fourth Street | | M = M / D = D / Y = Y = Y |
| 900 Omnicare Center City | State Zip Code | 06 05 2015 |
| City Cincinnati | OH 45202 | Transaction ID : SA11AI.9776 |
| _ | 70202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Pharmacy General Manager | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |
| Full Name (Last, First, Middle Initial) Egan | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | Chata Zin Code | 06 19 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9833 |
| FEC ID number of contributing federal political committee. | C 45252 | Amount of Each Receipt this Period 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Pharmacy General Manager | |
| Receipt For: | | |
| Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 260.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 60.00 |
| TOTAL This Period (last page this line number | only) | |

| I OIL LINE HOMBEIN | | | | PAGE | 1 | 12 | OF | 41 | |
|--------------------|-----|--|-----|------|-----|----|----|----|----|
| (check only one) | | | | | | | | | |
| X | 11a | | 11b | | 11c | | 12 | | |
| | 13 | | 14 | | 15 | | 16 | | 17 |

| | statements may not be sold or used by any personal ename and address of any political committee to | |
|---|--|--|
| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) Steven Gates Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: | State Zip Code OH 45202 C Occupation Sr. Director, FP&A Group Aggregate Year-to-Date ▼ | Date of Receipt 05 22 2015 Transaction ID: SA11AI.9720 Amount of Each Receipt this Period |
| Primary General Other (specify) ▼ | 220.00 | |
| Full Name (Last, First, Middle Initial) Steven Gates Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Sr. Director, FP&A Group Aggregate Year-to-Date ▼ 240.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Ivan Gordon Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 220.00 | Date of Receipt 05 |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
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| Full Name (Last, First, Middle Initial) Ivan Gordon Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 240.00 | Date of Receipt M |
| Full Name (Last, First, Middle Initial) Ivan Gordon Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 260.00 | Date of Receipt Mark |
| Full Name (Last, First, Middle Initial) Terry Harris Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) General | State Zip Code OH 45202 C Occupation Sr. Director, Operations Aggregate Year-to-Date ▼ 320.00 | Date of Receipt 04 10 2015 Transaction ID: SA11AI.9541 Amount of Each Receipt this Period 40.00 |
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| Full Name (Last, First, Middle Initial) Terry Harris Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General | State Zip Code OH 45202 C Occupation Sr. Director, Operations Aggregate Year-to-Date ▼ | Date of Receipt 04 24 2015 Transaction ID: SA11AI.9601 Amount of Each Receipt this Period 40.00 |
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| Other (specify) ▼ | 360.00 | |
| Full Name (Last, First, Middle Initial) Terry Harris Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Sr. Director, Operations Aggregate Year-to-Date ▼ 400.00 | Date of Receipt 05 08 2015 Transaction ID : SA11AI.9663 Amount of Each Receipt this Period 40.00 |
| Full Name (Last, First, Middle Initial) Terry Harris Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Sr. Director, Operations Aggregate Year-to-Date ▼ 440.00 | Date of Receipt M |
| SUBTOTAL of Receipts This Page (optional) | | 120.00 |

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Terry Harris Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 05 2015 City Zip Code State Transaction ID: SA11AI.9781 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Sr. Director, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Terry Harris Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 06 19 2015 City State Zip Code Transaction ID: SA11AI.9837 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) c. Susan J Klem Date of Receipt Mailing Address 201 E. Fourth Street 05 22 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9726 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director, Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional).....

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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) Susan J Klem Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing | State Zip Code OH 45202 | Date of Receipt 06 05 2015 Transaction ID: SA11AI.9784 Amount of Each Receipt this Period |
| federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Other | Occupation Sr. Director, Clinical Services Aggregate Year-to-Date ▼ 240.00 | 20.00 |
| Full Name (Last, First, Middle Initial) Susan J Klem Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Sr. Director, Clinical Services Aggregate Year-to-Date ▼ 260.00 | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Robert O Kraft Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) | State Zip Code OH 45202 C Occupation CFO Aggregate Year-to-Date ▼ | Date of Receipt M M M / 10 |
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| OMNICARE, INC. POLITICAL | . ACTION COMMITTEE | |
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| Full Name (Last, First, Middle Initial) Robert O Kraft Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation CFO Aggregate Year-to-Date ▼ 900.00 | Date of Receipt M |
| Full Name (Last, First, Middle Initial) Robert O Kraft Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation CFO Aggregate Year-to-Date ▼ 1000.00 | Date of Receipt 05 08 2015 Transaction ID: SA11AI.9668 Amount of Each Receipt this Period 100.00 |
| Full Name (Last, First, Middle Initial) Robert O Kraft Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation CFO Aggregate Year-to-Date ▼ 1100.00 | Date of Receipt M |
| SUBTOTAL of Receipts This Page (optional). | > | 300.00 |

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| Full Name (Last, First, Middle Initial) A, Robert O Kraft Mailing Address 201 E. Fourth Street 900 Omnicare Center City 900 Omnicare Center City 900 Omnicare Center City 900 Omnicare Center Comparison FEC ID number of contributing federal political committee. CFO Receipt For: Primary General City 900 Omnicare Center City 100 Cucupation CFO Receipt For: Primary General City 100 Cucupation Ci | | the name and address of any political committee to | |
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| Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11Al.9841 Amount of Each Receipt this Period CC Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11Al.9841 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.9841 Date of Receipt this Period Date of Receipt this Period Date of Receipt Transaction ID: SA11Al.9841 Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt Transaction ID: SA11Al.9549 Amount of Each Receipt this Period Agoregate Year-to-Date ▼ Date of Receipt Date of Receipt Date of Receipt Agoregate Year-to-Date ▼ Date of Receipt Date of Receipt Amount of Each Receipt Agoregate Year-to-Date ▼ Agoregate Year-to-Date ▼ Date of Receipt Agoregate Year-to-Date ▼ Date of Receipt Amount of Each Receipt Year-to-Date ▼ Date of Receipt Amount of Each Receipt Year-to-Date ▼ Date of Receipt Amount of Each Receipt Year-to-Date Ye | Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General | OH 45202 C Occupation CFO Aggregate Year-to-Date ▼ | 06 05 2015 Transaction ID : SA11AI.9785 |
| Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) ▼ Date of Receipt M M M D D D D D D D D D D D D D D D D | Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General | OH 45202 C Occupation CFO Aggregate Year-to-Date ▼ | 06 19 2015 Transaction ID : SA11AI.9841 |
| SUBTOTAL of Receipts This Page (optional) | Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General | OH 45202 C Occupation Treasurer Aggregate Year-to-Date ▼ | 04 10 2015 Transaction ID : SA11AI.9549 |
| | SUBTOTAL of Receipts This Page (optional). | <u> </u> | 240.00 |

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| | he name and address of any political committee to | |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) Donna Lecky Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. | State Zip Code OH 45202 | Date of Receipt 04 24 2015 Transaction ID : SA11AI.9609 Amount of Each Receipt this Period |
| Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Treasurer Aggregate Year-to-Date ▼ 360.00 | |
| Full Name (Last, First, Middle Initial) Donna Lecky Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Treasurer Aggregate Year-to-Date ▼ 400.00 | Date of Receipt 05 08 2015 Transaction ID : SA11Al.9671 Amount of Each Receipt this Period 40.00 |
| Full Name (Last, First, Middle Initial) Donna Lecky Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Treasurer Aggregate Year-to-Date ▼ 440.00 | Date of Receipt M |
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Donna Lecky Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 05 2015 City Zip Code State Transaction ID: SA11AI.9788 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna Lecky Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 06 19 2015 City State Zip Code Transaction ID: SA11AI.9844 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** John J Lockard Date of Receipt Mailing Address 201 E. Fourth Street 05 22 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9732 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional).....

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| Full Name (Last, First, Middle Initial) John J Lockard Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 240.00 | Date of Receipt 06 05 2015 Transaction ID : SA11AI.9790 Amount of Each Receipt this Period 20.00 |
| Full Name (Last, First, Middle Initial) John J Lockard Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Other (specify) | State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 260.00 | Date of Receipt 06 19 2015 Transaction ID : SA11AI.9846 Amount of Each Receipt this Period 20.00 |
| Full Name (Last, First, Middle Initial) Nancy J Losben Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Chief Quality Officer Aggregate Year-to-Date ▼ | Date of Receipt M |
| SUBTOTAL of Receipts This Page (optional) | r only) | 60.00 |

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Nancy J Losben Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 05 2015 City Zip Code State Transaction ID: SA11AI.9791 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Chief Quality Officer Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy J Losben Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 06 19 2015 City State Zip Code Transaction ID: SA11AI.9847 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Chief Quality Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen J Rappa Date of Receipt Mailing Address 201 E. Fourth Street 05 22 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9744 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation VP, Pharmacy Operations-LTC Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify)

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NAME OF COMMITTEE (In Full)

| Full Name (Last, First, Middle Initial) Stephen J Rappa | | Date of Receipt |
|--|----------------------------------|--|
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 05 29 2015 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9765 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer | Occupation | _ |
| Omnicare, Inc. | VP, Pharmacy Operations-LTC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |
| Full Name (Last, First, Middle Initial) Stephen J Rappa | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 06 05 2015 |
| City | State Zip Code | Transaction ID : SA11AI.9801 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 10.00 |
| Name of Employer | Occupation | 1 |
| Omnicare, Inc. | VP, Pharmacy Operations-LTC | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 230.00 | |
| Full Name (Last, First, Middle Initial) Stephen J Rappa | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 06 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9822 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer | Occupation | 1 |
| Omnicare, Inc. | VP, Pharmacy Operations-LTC | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) | 240.00 | |

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| | Statements may not be sold or used by any person e name and address of any political committee to | |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) Stephen J Rappa Mailing Address 201 E. Fourth Street | | Date of Receipt |
| 900 Omnicare Center | | 06 19 2015 |
| City | State Zip Code | Transaction ID : SA11AI.9857 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, Pharmacy Operations-LTC | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) 3. Stephen J Rappa | | Date of Receipt |
| Mailing Address 201 E. Fourth Street | | M = M / D = D / Y = Y = Y |
| 900 Omnicare Center City | State Zip Code | 06 26 2015 |
| Cincinnati | OH 45202 | Transaction ID : SA11AI.9876 |
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| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, Pharmacy Operations-LTC | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Initial) C. Amy Roberts | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | Otale 7's Outle | 05 22 Y 2015 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9745 |
| FEC ID number of contributing | | Amount of Each Receipt this Period |
| federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Sales Director | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 220.00 | |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
|--|----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Amy Roberts | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | 7:0: | 06 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9802 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Sales Director | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |
| Full Name (Last, First, Middle Initial) 3. Amy Roberts | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 06 19 2015 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9858 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Sales Director | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Initial) Thomas Schleigh | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 04 10 2015 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9565 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, Pharmacy Operations-LTC | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 320.00 | |
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26 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Thomas Schleigh Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 04 2015 24 City Zip Code State Transaction ID: SA11AI.9625 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation VP, Pharmacy Operations-LTC Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Schleigh Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 05 80 2015 City State Zip Code Transaction ID: SA11AI.9687 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations-LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Schleigh Date of Receipt Mailing Address 201 E. Fourth Street 05 22 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9746 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations-LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) Mark Schroder Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) | State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 240.00 | Date of Receipt 06 05 2015 Transaction ID: SA11Al.9804 Amount of Each Receipt this Period 20.00 |
| Robin Taylor Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Sr. Director, Account Management Aggregate Year-to-Date ▼ 220.00 | Date of Receipt M |
| Full Name (Last, First, Middle Initial) Robin Taylor Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Sr. Director, Account Management Aggregate Year-to-Date ▼ | Date of Receipt 06 05 2015 Transaction ID : SA11AI.9807 Amount of Each Receipt this Period 20.00 |
| SUBTOTAL of Receipts This Page (optional) | | 60.00 |
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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) Robin Taylor Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 City Zip Code State Transaction ID: SA11AI.9862 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Sr. Director, Account Management Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Terry Date of Receipt Mailing Address 04 10 2015 City State Zip Code Transaction ID: SA11AI.9570 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth Terry Date of Receipt Mailing Address 04 24 2015 City State Zip Code Transaction ID: SA11AI.9630 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional).....

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| | Statements may not be sold or used by any person e name and address of any political committee to | |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) A. Elizabeth Terry | | Date of Receipt |
| Mailing Address | | 05 08 2015 |
| City | State Zip Code | Transaction ID : SA11AI.9692 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |
| Full Name (Last, First, Middle Initial) Daniel A Thomas | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center City | State Zip Code OH 45202 | 05 22 2015 Transaction ID : SA11AI.9751 |
| Cincinnati FEC ID number of contributing federal political committee. | OH 45202 | Amount of Each Receipt this Period 20.00 |
| Name of Employer Omnicare, Inc. Receipt For: Primary General | Occupation VP & GM RxCrossroads Aggregate Year-to-Date ▼ | |
| Other (specify) | , 220.00 | |
| Full Name (Last, First, Middle Initial) C. Daniel A Thomas | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center City | State Zip Code | 06 05 2015 Transaction ID : SA11Al.9808 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer Omnicare, Inc. Receipt For: | Occupation VP & GM RxCrossroads | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |
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| or for con | nmercial purposes, other than using the | name and address of any political committee to | |
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| | OF COMMITTEE (In Full) NICARE, INC. POLITICAL A | CTION COMMITTEE | |
| A. Dani | el A Thomas Address 201 E. Fourth Street | Date of Receipt | |
| City | 900 Omnicare Center | State Zip Code | 06 19 2015 |
| Cincin | nati | OH 45202 | Transaction ID : SA11AI.9863 Amount of Each Receipt this Period |
| FEC ID | O number of contributing political committee. | C | 20.00 |
| | of Employer are, Inc. | Occupation VP & GM RxCrossroads | |
| Receip | • | Aggregate Year-to-Date ▼ 260.00 | |
| 3. Gina | ame (Last, First, Middle Initial) J. Timmons | | Date of Receipt |
| Mailing | Address 201 E. Fourth Street | M M / D D / Y H Y H Y | |
| City | 900 Omnicare Center | State Zip Code | 05 22 2015 Transaction ID : SA11AI.9752 |
| Cincin | nati | OH 45202 | Amount of Each Receipt this Period |
| | O number of contributing political committee. | C | 20.00 |
| | of Employer | Occupation | |
| Receip | are, Inc. | VP, Customer Facing Technology | |
| F | or For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |
| | ame (Last, First, Middle Initial) | | Date of Receipt |
| Mailing | Address 201 E. Fourth Street 900 Omnicare Center | | 06 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Cincin | nati | State Zip Code OH 45202 | Transaction ID : SA11AI.9809 Amount of Each Receipt this Period |
| | number of contributing political committee. | C | 20.00 |
| Name | of Employer | Occupation | |
| | are, Inc. | VP, Customer Facing Technology | |
| Receip | | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 240.00 | |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) Gina J. Timmons Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation VP, Customer Facing Technology Aggregate Year-to-Date ▼ 260.00 | Date of Receipt 06 19 2015 Transaction ID: SA11AI.9864 Amount of Each Receipt this Period 20.00 |
| Full Name (Last, First, Middle Initial) Thomas Tucker Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Regional Service Area Director Aggregate Year-to-Date ▼ 225.00 | Date of Receipt 04 24 2015 Transaction ID: SA11AI.9634 Amount of Each Receipt this Period 25.00 |
| Full Name (Last, First, Middle Initial) Thomas Tucker Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation Regional Service Area Director Aggregate Year-to-Date ▼ 250.00 | Date of Receipt 05 08 2015 Transaction ID: SA11AI.9696 Amount of Each Receipt this Period 25.00 |
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Thomas Tucker Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 22 City Zip Code State Transaction ID: SA11AI.9754 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Regional Service Area Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Tucker Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 06 05 2015 City State Zip Code Transaction ID: SA11AI.9811 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Service Area Director Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Tucker Date of Receipt Mailing Address 201 E. Fourth Street 06 19 2015 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9866 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Service Area Director Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) 75.00

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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) Denise Von Dohren Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Eull Name (Last, First, Middle Initial) | State Zip Code OH 45202 C Occupation VP, Brand Support Solutions Aggregate Year-to-Date ▼ 220.00 | Date of Receipt 05 |
| Full Name (Last, First, Middle Initial) Denise Von Dohren Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation VP, Brand Support Solutions Aggregate Year-to-Date ▼ 240.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Denise Von Dohren Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation VP, Brand Support Solutions Aggregate Year-to-Date ▼ 260.00 | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
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| OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) A. David H West | | Date of Receipt |
| Mailing Address 201 E. Fourth Street | | M = M / D = D / Y = Y = Y |
| 900 Omnicare Center | State 7in Code | 05 22 2015 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9758 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, Pharmacy Operations-LTC | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 220.00 | |
| Full Name (Last, First, Middle Initial) 3. David H West | 1 | Date of Receipt |
| Mailing Address 201 E. Fourth Street | | M = M / D = D / Y = Y = Y |
| 900 Omnicare Center | State 7in Code | 06 05 2015 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9815 Amount of Each Receipt this Period |
| FEC ID number of contributing | | Amount of Each receipt this renou |
| federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. Receipt For: | VP, Pharmacy Operations-LTC | |
| Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 240.00 | |
| Full Name (Last, First, Middle Initial) C. Janine Wolfram | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 05 22 2015 |
| City | State Zip Code OH 45202 | Transaction ID : SA11AI.9761 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Pharmacy General Manager | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 220.00 | |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) Janine Wolfram Mailing Address 201 E. Fourth Street | | Date of Receipt |
| 900 Omnicare Center | State Zip Code | 06 05 2015 |
| City Cincinnati | OH 45202 | Transaction ID : SA11AI.9818 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Pharmacy General Manager | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |
| Full Name (Last, First, Middle Initial) 3. Janine Wolfram | | Date of Receipt |
| Mailing Address 201 E. Fourth Street | | M = M / D = D / Y = Y = Y |
| 900 Omnicare Center | State 7in Code | 06 19 2015 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9872 |
| | 40202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | Pharmacy General Manager | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Initial) C. Michael Wood | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 05 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9762 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, Pharmacy Operations-LTC | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 220.00 | |
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| Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati State Zip Code OH 45202 FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ City Cincinnati FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Michael Wood Mailing Address 201 E. Fourth Street 900 Omnicare Center City City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ Coccupation VP, Pharmacy Operations-LTC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Determined Fermion Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Determined M Yowler Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. City Cincinnati C C State Zip Code OH Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Cincinnati City City Cincinnati City City Cincinnati City City Cincinnati City City City City City City City Ci | |
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| City State Zip Code OH 45202 FEC ID number of contributing federal political committee. Name of Employer Onnicare, Inc. Primary General Other (specify) ▼ Cocupation FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Michael Wood Mailing Address 201 E. Fourth Street 900 Omnicare, Inc. Receipt For: City State Zip Code Train Committee. City State Zip Code OH 45202 Amout FeC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Train Cocupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Jennifer M Yowler Mailing Address 201 E. Fourth Street 900 Omnicare Center City State Zip Code Train Code OH 45202 FEC ID number of contributing State Zip Code OH 45202 FEC ID number of contributing State Zip Code OH 45202 FEC ID number of contributing State Zip Code OH 45202 FEC ID number of contributing State Zip Code OH 45202 FEC ID number of contributing State Zip Code OH 45202 FEC ID number of contributing State Zip Code OH 45202 FEC ID number of contributing State Zip Code OH 45202 FEC ID number of contributing State Zip Code OH 45202 FEC ID number of contributing State Zip Code OH 45202 FEC ID number of contributing State Zip Code OH 45202 FEC ID number of contributing State Zip Code OH 45202 FEC ID number of contributing State Zip Code OH 45202 | of Receipt |
| City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Onnicare, Inc. Receipt For: Primary General Other (specify) ▼ C State Zip Code OH 45202 Amount of Employer Onnicare, Inc. Receipt For: Primary General Other (specify) ▼ C State Zip Code OH 45202 Date Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati OH 45202 FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Trail Amount of Employer Omnicare, Inc. Aggregate Year-to-Date ▼ Trail Amount of Employer Omnicare, Inc. Aggregate Year-to-Date ▼ Trail Amount of Employer Omnicare, Inc. Aggregate Year-to-Date ▼ Trail Amount of Employer Other (specify) ▼ Aggregate Year-to-Date ▼ Trail Amount of Employer Other (specify) ▼ Date Aggregate Year-to-Date ▼ Trail Aggregate Year-to-Date ▼ Trail Aggregate Year-to-Date ▼ Trail City City State Zip Code OH 45202 Amount of Employer OH 45202 Amount of Employer On Amount of Employer OH 45202 Amount of Employer On Cocupation VP, Financial Processes | |
| FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Primary General Other (specify) ▼ | nsaction ID : SA11AI.9819 |
| federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Michael Wood Mailing Address 201 E. Fourth Street 900 Omnicare Center City State Zip Code Gincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation VP, Pharmacy Operations-LTC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Jennifer M Yowler Mailing Address 201 E. Fourth Street 900 Omnicare Center City State Zip Code OH 45202 Date FEC ID number of contributing federal political committee. C FEC ID number of contributing federal political committee. C C C C C City State Zip Code OH 45202 Amou FEC ID number of contributing federal political committee. C C C C C C C C C C C C C | unt of Each Receipt this Period |
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| Primary General Other (specify) 220.00 | |
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| | d Statements may not be sold or used by any per- the name and address of any political committee t | |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) Jennifer M Yowler Mailing Address 201 E. Fourth Street | | Date of Receipt |
| 900 Omnicare Center | State Zip Code | 06 05 2015 Table 2014 10000 |
| City Cincinnati | OH 45202 | Transaction ID : SA11AI.9820 |
| FEC ID number of contributing federal political committee. | C 43202 | Amount of Each Receipt this Period |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, Financial Processes | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |
| Full Name (Last, First, Middle Initial) Jennifer M Yowler | | Date of Receipt |
| Mailing Address 201 E. Fourth Street | | M = M / D = D / Y = Y = Y |
| 900 Omnicare Center | Otata 7:a Cada | 06 19 2015 |
| Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9874 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 20.00 |
| Name of Employer | Occupation |] |
| Omnicare, Inc. | VP, Financial Processes | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |
| Full Name (Last, First, Middle Initial) C. Barbara J Zarowitz | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 04 10 / 2015 |
| City Cincinnati | State Zip Code OH 45202 | Transaction ID : SA11AI.9584 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 40.00 |
| Name of Employer | Occupation | - |
| Omnicare, Inc. | VP, Chief Clinical Officer | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 320.00 | |
| SUBTOTAL of Receipts This Page (optional). | | 80.00 |
| TOTAL This Period (last page this line numb | er only) | |

SCHEDULE A (FEC Form 3X)

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| Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a | , , , , | | | | | | | |
| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION (| COMMITTEE | | | | | | | |

| OMNICARE, INC. POLITICAL | ACTION COMMITTEE | |
|--|----------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) A. Barbara J Zarowitz | | Date of Receipt |
| Mailing Address 201 E. Fourth Street 900 Omnicare Center | | 04 24 2015 |
| City | State Zip Code | Transaction ID : SA11AI.9646 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, Chief Clinical Officer | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 360.00 | |
| Full Name (Last, First, Middle Initial) Barbara J Zarowitz | | Date of Receipt |
| Mailing Address 201 E. Fourth Street | | M = M / D = D / Y = Y = Y |
| 900 Omnicare Center | | 05 08 2015 |
| City | State Zip Code | Transaction ID : SA11AI.9706 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, Chief Clinical Officer | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 400.00 | |
| Full Name (Last, First, Middle Initial) C. Barbara J Zarowitz | | Date of Receipt |
| Mailing Address 201 E. Fourth Street | | M = M / D = D / Y = Y = Y |
| 900 Omnicare Center | | 05 22 2015 |
| City | State Zip Code | Transaction ID : SA11AI.9764 |
| Cincinnati | OH 45202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer | Occupation | |
| Omnicare, Inc. | VP, Chief Clinical Officer | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 440.00 | |
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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. |
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| NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL | L ACTION COMMITTEE | |
| Full Name (Last, First, Middle Initial) Barbara J Zarowitz Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation VP, Chief Clinical Officer Aggregate Year-to-Date ▼ 480.00 | Date of Receipt 06 05 2015 Transaction ID: SA11AI.9821 Amount of Each Receipt this Period |
| Full Name (Last, First, Middle Initial) Barbara J Zarowitz Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) | State Zip Code OH 45202 C Occupation VP, Chief Clinical Officer Aggregate Year-to-Date ▼ 520.00 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) | State Zip Code C Occupation Aggregate Year-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period |
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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) Pull Name (Last, First, Middle Initial) A. US BANK Mailing Address P.O. Box 1800 City State Zp Code MN 55101 Purpose of Disbursement Full Name (Last, First, Middle Initial) B. US BANK Mailing Address P.O. Box 1800 City State President District: Full Name (Last, First, Middle Initial) B. US BANK Mailing Address P.O. Box 1800 City State President District: Full Name (Last, First, Middle Initial) B. US BANK Mailing Address P.O. Box 1800 City State Zp Code MN 55101 Purpose of Disbursement Candidate Name Category' Type Office Sought: House President Other (specify) ▼ State: Senate President Other (specify) ▼ Transaction ID : \$8218.8878 Amount of Each Disbursement this Period Category' 1999 Transaction ID : \$8218.8878 Amount of Each Disbursement Category' 1999 Transaction ID : \$8218.8879 Amount of Each Disbursement Category' 1999 Transaction ID : \$8218.8879 Amount of Each Disbursement Category' 1999 Transaction ID : \$8218.8879 Amount of Each Disbursement Category' 1999 Transaction ID : \$8218.8879 Amount of Each Disbursement Test State State Disbursement For: Category' 1999 Transaction ID : \$8218.8879 Amount of Each Disbursement Test State Disbursement For: Category' 1999 Transaction ID : \$8218.8879 Amount of Each Disbursement Test State Disbursement For: 1999 Transaction ID : \$8218.8879 Amount of Each Disbursement Test State State Disbursement For: 1999 Transaction ID : \$8218.8879 Amount of Each Disbursement Test State Disbursement For: 1999 Transaction ID : \$8218.8879 Transaction ID : \$8218.8879 Transaction ID : \$8218.8879 Amount of Each Disbursement Test State Disbursement For: 1999 Transaction ID : \$8218.8879 Transaction ID : \$8218.8879 Transaction ID : \$821 | IT | EMIZED DISBURSEMENTS | | | (°', | | • | | _ | ٦ | | 104 | | | 7.00 | | |
| 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 US BANK Mailing Address P.O. Box 1800 City Saint Paul Purpose of Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) B. US BANK Mailing Address P.O. Box 1800 City Saint Paul Primaty Primaty Ceneral City Saint Paul Name (Last, First, Middle Initial) B. US BANK Mailing Address P.O. Box 1800 City Saint Paul Name (Last, First, Middle Initial) C. US BANK Mailing Address P.O. Box 1800 City Saint Paul Primaty Category/ Type Disbursement District Full Name (Last, First, Middle Initial) C. US BANK Mailing Address P.O. Box 1800 City Saint Paul Primaty Category/ Type Date of Disbursement District Date of Disbursement District Date of Disbursement District Transaction ID: SB218.9878 Amount of Each Disbursement Category/ Type Transaction ID: SB218.9879 Amount of Each Disbursement Category/ Type Transaction ID: SB218.9879 Amount of Each Disbursement Category/ Type Date of Disbursement Category/ Type Transaction ID: SB218.9879 Amount of Each Disbursement Category/ Type Transaction ID: SB218.9879 Amount of Each Disbursement Category/ Type District Substock | | | | | | X | | | | | | | | | | | |
| 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 Pull) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A. US BANK Mailing Address P.O. Box 1800 City State Zip Code NN 55101 Full Name (Last, First, Middle Initial) B. US BANK Mailing Address P.O. Box 1800 City State Primary General Other (specify) ▼ Interest of Disbursement For: Full Name (Last, First, Middle Initial) B. US BANK Mailing Address P.O. Box 1800 City State Zip Code Sant Pull Shart Shar | <u> </u> | | | | | | | | | | | | | | | | |
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| A. US BANK Mailing Address P.O. Box 1800 City State Zip Code MN 55101 Purpose of Disbursement Candidate Name Candidate Name Office Sought: House President Disbursement For: Senate Primary General Purpose of Disbursement State: District: District: Transaction ID : SB21B.9877 Amount of Each Disbursement this Period Category/ 160.38 Date of Disbursement this Period Transaction ID : SB21B.9877 Amount of Each Disbursement this Period Category/ 160.38 Date of Disbursement this Period Category/ 141.36 Transaction ID : SB21B.9878 Amount of Each Disbursement this Period Category/ 141.36 Transaction ID : SB21B.9878 Amount of Each Disbursement this Period Category/ 141.36 Date of Disbursement this Period Category/ 141.36 Date of Disbursement this Period Category/ 141.36 Transaction ID : SB21B.9879 Amount of Each Disbursement this Period Category/ 141.36 Transaction ID : SB21B.9879 Amount of Each Disbursement this Period Category/ 141.36 Date of Disbursement this Period Category/ 141.36 Transaction ID : SB21B.9879 Amount of Each Disbursement this Period Category/ 133.12 Transaction ID : SB21B.9879 Amount of Each Disbursement this Period Category/ 133.12 | $ \rangle$ | OMNICARE, INC. POLITICAL ACT | TON CO | DMMITTEE | | | | | | | | | | | | | |
| A. US BANK Mailing Address P.O. Box 1800 City State Zip Code NN 55101 Purpose of Disbursement Candidate Name Candidate Name Office Sought: President Disbursement For: Senate Primary General Purpose of Disbursement State: District: Polishors: P.O. Box 1800 City State Zip Code NN 55101 Full Name (Last, First, Middle Initial) B. US BANK Mailing Address P.O. Box 1800 City State Zip Code NN 55101 Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General President State: District: Transaction ID : SB21B.9878 Amount of Each Disbursement Date of Disbursement Transaction ID : SB21B.9878 Amount of Each Disbursement Date of Disbursement Transaction ID : SB21B.9878 Amount of Each Disbursement Inis Period Transaction ID : SB21B.9878 Amount of Each Disbursement Inis Period Category/ 141,36 Date of Disbursement Transaction ID : SB21B.9879 Amount of Each Disbursement Inis Period Category/ 141,36 Transaction ID : SB21B.9879 Amount of Each Disbursement Inis Period Category/ 138,12 Subtotal Name (Last, First, Middle Initial) Cury State Zip Code Min 55101 Transaction ID : SB21B.9879 Amount of Each Disbursement Inis Period Category/ 138,12 Subtotal of Disbursement Inis Period Category/ 138,12 | _ | Full Name (Last. First. Middle Initial) | | | | | | | | | | | | | | | |
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