07/10/2009 11:06

Image# 29934235741

FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		roi C	, (III EI	IIIaII AII A	AUTHOLIZE	eu Comm	iiiiee			Office Use	e Only	
1.	NAME OF COMMITTEE (in full)			IAILING LABI OR PRINT 🗑		cample:If typ er the lines	ing, type					
	OmniCare, Inc. Politcal Action	on Com	mittee	; 								
		1 1	1 1			1 1 1					1 1	
AD	DRESS (number and street)	160	00 Riv	er Center II								
Ė	Check if different	100	East	River Center	Blvd 	1 1 1			1 1		1 1	
L	than previously reported. (ACC)	Co	vingto	n 				l L		41	101 _	
2.	FEC IDENTIFICATION NUM	IBER	*		CITY A			STA	ГЕД	Ž	ZIPCOD	E 🛕
	C00392886			3	. IS THIS REPOR	Т	NEW (N)	OR	A (A	MENDED A)		
4.	TYPE OF REPORT (Choose One)	(b) Moi Rep	port	Feb 20 (M2	2)	May 20	(M5)	Aug	g 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Due	On:	Mar 20 (M3	3)	Jun 20	(M6)	Sep	20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (M4	.)	Jul 20 (M7)	Oct	20 (M10)		Jan 31 (YE)
	Quarterly Report(Q		(c)	12-Day PRE-Election		Primary (12P)		General	(12G)		Runoff (12R)
	October 15 Quarterly Report(Q			Report for the		Convention	on (12C)		Special	(12G)		
	January 31 Quarterly Report(Y			El	ection on				• •		in the State of	
	July 31 Mid-Year Report(Non-electio Year Only) (MY)		(d)	30-Day Post -Election Report for the		General (30G)		Runoff (30R)		Special (30S)
	Termination Report	t		•	ection on						in the State of	
5.	Covering Period 0 4	1	0 1	2009		throug	h	0 6	30	2009		
	ertify that I have examined this			·	y knowledge	and belief i	t is true, co	orrect and o	complete			
Тур	oe or Print Name of Treasurer	_10	om Ma	arsh								
Sig	nature of Treasurer Electro	nically I	Filed b	by Tom Mars	sh			Date	0 7	10		2009
NO	TE: Submission of false, erro	neous,	or inc	omplete inform	ation may s	ubject the p	erson sign	ing this Re	port to th	e penalties	of 2 U.S	.C 437g.
	Office Use Only									1	FORI v. 12/200	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/29

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

FEC Form 3X (Rev. 02/2003)

D [®]D 0 4 0 1 2009 0.6 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 29044.78 January 1 (b) Cash on Hand at 28626.40 Begining of Reporting Period 6064.92 11646.54 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 34691.32 40691.32 6(a) and 6(c) for Column B) 10135.93 16135.93 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 24555.39 24555.39 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 29

Write or Type Committee Name

OmniCare, Inc. Politcal Action Committee

Report Covering the Period:

From: 0.4

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2009

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^Y 2009

	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)	4141.62	7230.71
	(ii) Unitemized	1923.30	4415.83
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	6064.92	11646.54
(I	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6064.92	11646.54
	Fransfers From Affiliated/Other	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(I	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	6064.92	11646.54
	otal Federal Receipts subtract Line 18(c) from Line 19)	6064.92	11646.54

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 29

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	10000.00	16000.00
24.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	135.93	135.93
.5.	Citie Disputsements	100.00	100.00
0.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(a) Snared 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))	10135.93	16135.93
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	10135.93	16135.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 29

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)	6064.92	11646.54
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	6064.92	11646.54
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 29 (check only one) X
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) mniCare, Inc. Politcal Action Comm	e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. CH Ma	all Name (Last, First, Middle Initial) narles Agonis ailing Address 1416 Pheasant Landir ty lainfield EC ID number of contributing deral political committee. ame of Employer mnicare of No. IL. ecceipt For: Primary General	State IL C Occupatio Pharmac		Date of Receipt M M D D 2 0 0 9
B. SC Ma	Other (specify) Ill Name (Last, First, Middle Initial) COTT ARLEDGE ailing Address 1016 LOCKSLEY CIR	State AL C Occupatio		Date of Receipt M M M / D D / Y Y Y Y Y 0 4 1 5 2 0 0 9 Transaction ID: SA11AI.5820 Amount of Each Receipt this Period 42.00 SEMI-MONTHLY PAYROLL DEDUCTION \$42.00
S. SC Ma	III Name (Last, First, Middle Initial) COTT ARLEDGE ailing Address 1016 LOCKSLEY CIR ty HAM EC ID number of contributing deral political committee. ame of Employer MNICARE INC ecceipt For: Primary General Other (specify)	State AL C Occupatio		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUB	TOTAL of Receipts This Page (optional)			99.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY CI City	State	Zip Code	Date of Receipt 05 15 2009 Transaction ID: SA11AI.5897
BHAM FEC ID number of contributing federal political committee.	C	35242	Amount of Each Receipt this Period 42.00 SEMI-MONTHLY PAYROLL DEDU-
Name of Employer OMNICARE INC Receipt For: Primary Other (specify) ▼	Occupation PHARMA Aggregate		CTION - \$42.00
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY CI	RCLE		Date of Receipt M
City	State	Zip Code	Transaction ID: SA11AI.5907
FEC ID number of contributing federal political committee.	C	35242	Amount of Each Receipt this Period 42.00 SEMI-MONTHLY PAYROLL DEDU-
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation PHARMA Aggregate		CTION - \$42.00
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY CI	DOL F		Date of Receipt
			06 15 2009
City <u>BHAM</u>	State AL	Zip Code 35242	Transaction ID: SA11AI.5954 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer OMNICARE INC	Occupatio PHARMA		SEMI-MONTHLY PAYROLL DEDU- CTION - \$42.00
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 420.00	
	-		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	ne name and addr	not be sold or used by any perso less of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE Mailing Address 1016 LOCKSLEY CII City BHAM FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State AL C Occupation PHARMAG	Zip Code 35242 CIST Year-to-Date ▼ 462.00	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) Paul Baldwin Mailing Address 208 Old Mill Road City Royersford FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify)	State PA C Occupation VP Public Aggregate	Zip Code 19468 Affairs Year-to-Date ▼ 1400.00	Date of Receipt 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) Paul Baldwin Mailing Address 208 Old Mill Road City Royersford FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify)	State PA C Occupation VP Public Aggregate V	Zip Code 19468 Affairs Year-to-Date ▼ 1600.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 3 0 2 0 0 9 Transaction ID: SA11AI.5833 Amount of Each Receipt this Period 200.00 SEMI-MONTHLY PAYROLL DEDUCTION \$200.00
SUBTOTAL of Receipts This Page (optional)			442.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 1
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/		millee		
	Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
	Mailing Address 208 Old Mill Road			05 15 2009
	City Royersford	State PA	Zip Code 19468	Transaction ID: SA11AI.5902 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Omnicare, Inc	Occupatio VP Publi		SEMI-MONTHLY PAYROLL DEDU- CTION - \$200.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1800.00	
_	Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
	Mailing Address 208 Old Mill Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5911
	Royersford FEC ID number of contributing federal political committee.	C	19468	Amount of Each Receipt this Period 200.00
	Name of Employer Omnicare, Inc	Occupatio VP Publi		SEMI-MONTHLY PAYROLL DEDU- CTION - \$200.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
_	Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
	Mailing Address 208 Old Mill Road			06 15 2009
	City Royersford	State PA	Zip Code 19468	Transaction ID: SA11AI.5958 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10100	200.00
	Name of Employer Omnicare, Inc	Occupatio VP Publi		SEMI-MONTHLY PAYROLL DEDU- CTION - \$200.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2200.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		600.00

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS information copied from such Reports and Si	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 29 (check only one) X
or fo	r commercial purposes, other than using the IAME OF COMMITTEE (In Full) DmniCare, Inc. Politcal Action Comm	name and ad	dress of any political committee to	o solicit contributions from such committee.
4. <u>T</u>	full Name (Last, First, Middle Initial) IMOTHY E BIEN Mailing Address 6210 NUEVELLE LANI			Date of Receipt
	CINCINNATI	State OH	Zip Code 45243	Transaction ID: SA11AI.5822 Amount of Each Receipt this Period
fe	EC ID number of contributing ederal political committee.	С		85.00 SEMI-MONTHLY PAYROLL DEDU-
_	lame of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼		n L ADVISOR TO CEO e Year-to-Date ▼ 510.00	CTION \$85.00
3. <u>T</u>	full Name (Last, First, Middle Initial) IMOTHY E BIEN Mailing Address 6210 NUEVELLE LAN	Ē		Date of Receipt 0 4 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.5832
F	CINCINNATI EC ID number of contributing ederal political committee.	ОН	45243	Amount of Each Receipt this Period 85.00
_	Jame of Employer DMNICARE, INC Receipt For: Primary General		L ADVISOR TO CEO e Year-to-Date ▼	SEMI-MONTHLY PAYROLL DEDU- CTION \$85.00
	Other (specify)	0 0	595.00	
. <u>T</u>	rull Name (Last, First, Middle Initial) IMOTHY E BIEN Mailing Address 6210 NUEVELLE LANE	Date of Receipt 0 5 1 5 2 0 0 9		
	City CINCINNATI	State OH	Zip Code	Transaction ID: SA11AI.5901
F	EC ID number of contributing ederal political committee.	С	45243	Amount of Each Receipt this Period 85.00
N	lame of Employer DMNICARE, INC	Occupation SPECIAL	n L ADVISOR TO CEO	SEMI-MONTHLY PAYROLL DEDU- CTION - \$85.00
R	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 680.00	
SUE	BTOTAL of Receipts This Page (optional)			255.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 29 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Cor	mmittee		
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN			Date of Receipt
Mailing Address 6210 NUEVELLE L	ANE		05 29 2009
City CINCINNATI	State OH	Zip Code 45243	Transaction ID: SA11AI.5910 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10210	85.00
Name of Employer OMNICARE, INC	Occupation SPECIAL	n LADVISOR TO CEO	SEMI-MONTHLY PAYROLL DEDU- CTION - \$85.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 765.00	
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN	<u> </u>		Date of Receipt
Mailing Address 6210 NUEVELLE L	ANE		0 6 1 5 2 0 0 9
City CINCINNATI	State OH	Zip Code 45243	Transaction ID: SA11AI.5957 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10210	85.00
Name of Employer OMNICARE, INC	Occupation	n LADVISOR TO CEO	SEMI-MONTHLY PAYROLL DEDU- CTION - \$85.00
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN			Date of Receipt
Mailing Address 6210 NUEVELLE L	ANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CINCINNATI	State OH	Zip Code 45243	Transaction ID: SA11AI.5967
FEC ID number of contributing federal political committee.	C	40240	Amount of Each Receipt this Period 85.00
Name of Employer OMNICARE, INC	Occupation SPECIAL	n LADVISOR TO CEO	SEMI-MONTHLY PAYROLL DEDU- CTION - \$85.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 935.00	
SUBTOTAL of Receipts This Page (optional	.10		255.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 29 (check only one) X
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT.	Olate	7. Oak	Date of Receipt Date of Receipt 2 9 2 0 0 9
	City Portland	State OR	Zip Code 97086	Transaction ID: SA11AI.5885
	FORGING FEC ID number of contributing federal political committee.	C	97000	Amount of Each Receipt this Period 20.00
	Name of Employer Omnicare, Inc - Evergreen Receipt For: Primary General Other (specify) ▼	Occupation Pharmace Aggregate		BI-WEEKLY PAYROLL DEDUCTI- ON - \$20.00
– В.	Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT.			Date of Receipt 0 6 1 2 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.5924
	Portland	OR	97086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00 BI-WEEKLY PAYROLL DEDUCTI-
	Name of Employer Omnicare, Inc - Evergreen	Occupatio Pharmac	eist	ON - \$20.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
_ C.	Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT.			Date of Receipt 0 6 2 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.5942
	Portland	OR	97086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Omnicare, Inc - Evergreen	Occupatio Pharmac	cist	BI-WEEKLY PAYROLL DEDUCTI- ON - \$20.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	
	SUBTOTAL of Receipts This Page (optional) .			60.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	I Statements may not be sold or used by any personal he name and address of any political committee to smittee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dale B Evans Mailing Address 16 Amity Pointe City Clifton Park FEC ID number of contributing federal political committee. Name of Employer Omnicare Clinical Research Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation CEO Aggregate Year-to-Date 210.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dale B Evans Mailing Address 16 Amity Pointe City Clifton Park FEC ID number of contributing federal political committee. Name of Employer Omnicare Clinical Research Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation CEO Aggregate Year-to-Date 240.00	Date of Receipt 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) Dale B Evans Mailing Address 16 Amity Pointe City Clifton Park FEC ID number of contributing federal political committee. Name of Employer Omnicare Clinical Research Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation CEO Aggregate Year-to-Date 270.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb	·	90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary P	the Crieck of Hy of ley
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	e name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr. Mailing Address 9060 WISPERINGHI	LL DRIVE	Date of Receipt 0 4 1 5 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5821
CINCINNATI	OH 45242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.73
Name of Employer OMNICARE, INC	Occupation CHIEF FINANCIAL OFFICEF	SEMI-MONTHLY PAYROLL DEDU- CTION \$55.73
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.11
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr.	LL DDIVE	Date of Receipt
Mailing Address 9060 WISPERINGHI	LL DRIVE	04 30 2009
City	State Zip Code	Transaction ID: SA11AI.5830
CINCINNATI	OH 45242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.73 SEMI-MONTHLY PAYROLL DEDU-
Name of Employer OMNICARE, INC	Occupation CHIEF FINANCIAL OFFICEF	CTION \$55.73
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 445	5.84
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr.		Date of Receipt
Mailing Address 9060 WISPERINGHI		05 15 2009
City CINCINNATI	State Zip Code OH 45242	Transaction ID: SA11AI.5899 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.73
Name of Employer OMNICARE, INC	Occupation CHIEF FINANCIAL OFFICEF	SEMI-MONTHLY PAYROLL DEDU- CTION - \$55.73
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1.57
		167.19

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 29 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	e name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr. Mailing Address 9060 WISPERINGHII City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	LL DRIVE State Zip Code OH 45242 C Occupation CHIEF FINANCIAL OFFICER Aggregate Year-to-Date ▼ 557.30	Date of Receipt 0 5
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr. Mailing Address 9060 WISPERINGHII City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	LL DRIVE State Zip Code OH 45242 C Occupation CHIEF FINANCIAL OFFICER Aggregate Year-to-Date ▼ 613.03	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DAVID W FROESEL, Jr. Mailing Address 9060 WISPERINGHII City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	LL DRIVE State Zip Code OH 45242 C Occupation CHIEF FINANCIAL OFFICER Aggregate Year-to-Date ▼ 668.76	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1	167.19

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Co	ng the name and add	not be sold or used by any perso fress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER City	R CIRCLE	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
BUFORD FEC ID number of contributing federal political committee.	GA C	30519	Amount of Each Receipt this Period 50.00
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation PHARMA Aggregate		BI-WEEKLY PAYROLL DEDUCTI- ON - \$50.00
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER	R CIRCLE		Date of Receipt 0 5 1 5 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.5874
BUFORD FEC ID number of contributing federal political committee.	GA C	30519	Amount of Each Receipt this Period 50.00
Name of Employer OMNICARE INC	Occupation PHARMA		BI-WEEKLY PAYROLL DEDUCTI- ON - \$50.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER	R CIRCLE		Date of Receipt 0 5 2 9 2 0 0 9
City BUFORD	State GA	Zip Code 30519	Transaction ID: SA11AI.5892
FEC ID number of contributing federal political committee.	C	30010	Amount of Each Receipt this Period 50.00
Name of Employer OMNICARE INC	Occupation PHARMA		
Receipt For: Primary General Other (specify) ▼	- 1 '	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option	221)		150.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee (In Full)	e name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER C City BUFORD FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code GA 30519 C Occupation PHARMACIST Aggregate Year-to-Date 400.00	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) HAL J HENDERSON Mailing Address 2908 PERIMETER C City BUFORD FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code GA 30519 C Occupation PHARMACIST Aggregate Year-to-Date 450.00	Date of Receipt M M Z G Z G Z D D D Z D D Z D D D Z D D D D
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT DE City FLORENCE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code KY 41042 C Occupation Aggregate Year-to-Date 280.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		140.00

or for comr	nercial purposes, other than using the r OF COMMITTEE (In Full) Care, Inc. Politcal Action Commit	name and address	be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
/	4 . 5	itee		
A. CHRIST Mailing City FLORI FEC ID federal	number of contributing political committee. f Employer ARE INC	State KY C Occupation Aggregate Yea	Zip Code 41042	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Pi O	rimary General ther (specify) me (Last, First, Middle Initial) TOPHER HORN	0 0 0	340.00	Date of Receipt
City FLORI FEC ID federal Name o OMNIC	number of contributing political committee. f Employer ARE INC	State KY C Occupation Aggregate Year	Zip Code 41042 ar-to-Date ▼ 400.00	Transaction ID: SA11AI.5900 Amount of Each Receipt this Period 60.00 SEMI-MONTHLY PAYROLL DEDUCTION - \$60.00
C. CHRIST Mailing City FLORI FEC ID federal Name o OMNIC	number of contributing political committee. f Employer ARE INC	State KY C Occupation Aggregate Year	Zip Code 41042 ar-to-Date ▼ 460.00	Date of Receipt M M A 29 2009 Transaction ID: SA11AI.5909 Amount of Each Receipt this Period 60.00 SEMI-MONTHLY PAYROLL DEDU- CTION - \$60.00
SUBTOTA	AL of Receipts This Page (optional)			180.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	Check only one) X 11a
Any ir or for	nformation copied from such Reports and Star commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\	AME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Commit	tee		
	ull Name (Last, First, Middle Initial) HRISTOPHER HORN			Date of Receipt
Ma	ailing Address 7190 HIGHPOINT DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity LORENCE	State KY	Zip Code	Transaction ID: SA11AI.5956
FE	EC ID number of contributing deral political committee.	C	41042	Amount of Each Receipt this Period 60.00
Na O	ame of Employer MNICARE INC	Occupation	n	SEMI-MONTHLY PAYROLL DEDU- CTION - \$60.00
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 520.00	
	ull Name (Last, First, Middle Initial) HRISTOPHER HORN			Date of Receipt
Ma	ailing Address 7190 HIGHPOINT DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity LORENCE	State KY	Zip Code 41042	Transaction ID: SA11AI.5966
FE	EC ID number of contributing deral political committee.	C	41042	Amount of Each Receipt this Period 60.00
Na O	ame of Employer MNICARE INC	Occupation	n	SEMI-MONTHLY PAYROLL DEDU- CTION - \$60.00
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 580.00	
	ull Name (Last, First, Middle Initial) atrick Keefe			Date of Receipt
_	ailing Address 6358 Turpin Hills Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: SA11AI.5824
FE	Cincinnati EC ID number of contributing orderal political committee.	OH OH	45244	Amount of Each Receipt this Period 225.00
Na O	ame of Employer mnicare Inc.	Occupation		SEMI-MONTHLY PAYROLL DEDU- CTION \$225.00
Re	eceipt For: Primary General Other (specify)		e Year-to-Date ▼ 1575.00	
	BTOTAL of Receipts This Page (optional)			345.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page v not be sold or used by any persi	FOR LINE NUMBER: PAGE 20 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee (In Full)	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Patrick Keefe Mailing Address 6358 Turpin Hills Driv			Date of Receipt
	City	State	Zip Code	0 4 3 0 2 0 0 9 Transaction ID: SA11Al.5834
	Cincinnati FEC ID number of contributing	OH C	45244	Amount of Each Receipt this Period 225.00
	Name of Employer Omnicare Inc.	Occupation Executive		SEMI-MONTHLY PAYROLL DEDU- CTION \$225.00
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1800.00	
_ В.	Full Name (Last, First, Middle Initial) Patrick Keefe Mailing Address 6358 Turpin Hills Driv	ve		Date of Receipt 0 5 1 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.5898
	Cincinnati FEC ID number of contributing federal political committee.	OH C	45244	Amount of Each Receipt this Period 50.00
	Name of Employer Omnicare Inc.	Occupation Executive		SEMI-MONTHLY PAYROLL DEDU- CTION - \$50.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1850.00	
_).	Full Name (Last, First, Middle Initial) Creeda Kesling Mailing Address 579 Brookfield Farm	Road		Date of Receipt
	City	State	Zip Code	0 5 1 5 2 0 0 9 Transaction ID: SA11Al.5871
	Ashland	KY	41102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.21
	Name of Employer Omnicare - Home Care Ashl- and Receipt For:		Manager	BI-WEEKLY PAYROLL DEDUCTI- ON - \$28.21
	Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 225.68	
	SUBTOTAL of Receipts This Page (optional)	1		303.21

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 29 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comi	ne name and ad	y not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) Creeda Kesling			Date of Receipt
	Mailing Address 579 Brookfield Farm City	Road State	Zip Code	0 5 2 9 2 0 0 9 Transaction ID: SA11Al.5889
	Ashland	KY	41102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.21
	Name of Employer Omnicare - Home Care Ashl- and	Occupatio General	Manager	BI-WEEKLY PAYROLL DEDUCTI- ON - \$28.21
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 253.89	
	Full Name (Last, First, Middle Initial) Creeda Kesling	Dard		Date of Receipt
	Mailing Address 579 Brookfield Farm	Road		06 12 2009
	City	State	Zip Code	Transaction ID: SA11AI.5928
	Ashland	KY	41102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.21
	Name of Employer Omnicare - Home Care Ashl- and	Occupatio General	Manager	BI-WEEKLY PAYROLL DEDUCTI- ON - \$28.21
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 282.10	
_	Full Name (Last, First, Middle Initial) Creeda Kesling			Date of Receipt
	Mailing Address 579 Brookfield Farm	Road		06 26 YYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.5946
	Ashland	KY	41102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.21
	Name of Employer Omnicare - Home Care Ashl- and	Occupatio General	Manager	BI-WEEKLY PAYROLL DEDUCTI- ON - \$28.21
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 310.31	
	SUBTOTAL of Receipts This Page (optional)			84.63

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	e name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) MARK G KOBASUK Mailing Address 7393 PINEHURST DF City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Other (specify)	State OH C Occupation GENERA	Zip Code 45244 AL COUNSEL Year-to-Date 244.30	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) MARK G KOBASUK Mailing Address 7393 PINEHURST DF City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Other (specify)	State OH C Occupation GENERA	Zip Code 45244 n.L COUNSEL Year-to-Date ▼ 279.20	Date of Receipt 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) MARK G KOBASUK Mailing Address 7393 PINEHURST DE City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Other (specify)	State OH C Occupation GENERA	Zip Code 45244 1.L COUNSEL Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1		104.70

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 29 (check only one) X
\ \ \	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
 	Full Name (Last, First, Middle Initial) MARK G KOBASUK Mailing Address 7393 PINEHURST DE City CINCINNATI FEC ID number of contributing federal political committee.	State OH	Zip Code 45244	Date of Receipt M M M
	Name of Employer OMNICARE Receipt For: Primary General Other (specify) ▼		AL COUNSEL e Year-to-Date 349.00	SEMI-MONTHLY PAYROLL DEDU- CTION - \$34.90
- s.	Full Name (Last, First, Middle Initial) MARK G KOBASUK Mailing Address 7393 PINEHURST DF	3		Date of Receipt 0 6 1 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.5953
	CINCINNATI	OH	45244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		34.90 — SEMI-MONTHLY PAYROLL DEDU-
	Name of Employer OMNICARE		AL COUNSEL	CTION - \$34.90
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 383.90	
_	Full Name (Last, First, Middle Initial) MARK G KOBASUK			Date of Receipt
	Mailing Address 7393 PINEHURST DF	₹		06 30 7 2009
	City CINCINNATI	State OH	Zip Code 45244	Transaction ID: SA11AI.5962
	FEC ID number of contributing federal political committee.	C	40244	Amount of Each Receipt this Period 34.90
	Name of Employer OMNICARE	Occupation GENERA	n AL COUNSEL	SEMI-MONTHLY PAYROLL DEDU- CTION - \$34.90
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 418.80	
	SUBTOTAL of Receipts This Page (optional) .			104.70

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	he name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions
·			
Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
Mailing Address 153 R Pomeroy Mea	dow Road		04 03 2009
City	State	Zip Code	Transaction ID: SA11AI.5795
Southampton	MA	01073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Omnicare, Inc	Occupation Pharmaci		BI-WEEKLY PAYROLL DEDUCTI- ON - \$40.00
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	240.00	
Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
Mailing Address 153 R Pomeroy Mea	dow Road		0 4 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.5813
Southampton	MA	01073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00 BI-WEEKLY PAYROLL DEDUCTI-
Name of Employer Omnicare, Inc	Occupation Pharmaci		ON - \$40.00
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		280.00]
Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
Mailing Address 153 R Pomeroy Mea	dow Road		05 01 2009
City	State	Zip Code	Transaction ID: SA11AI.5855
Southampton	MA	01073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Omnicare, Inc	Occupation Pharmaci		BI-WEEKLY PAYROLL DEDUCTI- ON - \$40.00
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	320.00]
SUBTOTAL of Receipts This Page (optional)			120.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 29 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	he name and ado	r not be sold or used by any perso tress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Mea City Southampton FEC ID number of contributing federal political committee.	dow Road State MA	Zip Code 01073	Date of Receipt M
Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) ▼	Occupation Pharmac Aggregate		ON - \$40.00
Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Mea	dow Road		Date of Receipt 0 5 2 9 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.5891
Southampton	MA	01073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00 BI-WEEKLY PAYROLL DEDUCTI-
Name of Employer Omnicare, Inc	Occupation Pharmac		ON - \$40.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
Mailing Address 153 R Pomeroy Mea	dow Road		0 6 1 2 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.5930
Southampton FEC ID number of contributing federal political committee.	C	01073	Amount of Each Receipt this Period 40.00
Name of Employer Omnicare, Inc	Occupation Pharmac		BI-WEEKLY PAYROLL DEDUCTI- ON - \$40.00
Receipt For: Primary General Other (specify) ▼	- , '	Year-to-Date ▼ 440.00	
SUBTOTAL of Receipts This Page (optional)	l		120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26/29 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Col	mmittee		
Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
Mailing Address 153 R Pomeroy Me	eadow Road		M M / D D / Y Y Y Y Y Y O O O O
City	State	Zip Code	Transaction ID: SA11AI.5948
Southampton FEC ID number of contributing federal political committee.	C	01073	Amount of Each Receipt this Period 40.00
Name of Employer Omnicare, Inc	Occupation Pharmac		BI-WEEKLY PAYROLL DEDUCTI- ON - \$40.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE			Date of Receipt
Mailing Address 10428 KONSTANTINE LANE			05 29 2009
City LOVELAND	State OH	Zip Code 45140	Transaction ID: SA11AI.5905
FEC ID number of contributing federal political committee.	C	+51+0	Amount of Each Receipt this Period 25.00
Name of Employer OMNICARE, INC	Occupation VICE PR	n ESIDENT	SEMI-MONTHLY PAYROLL DEDU- CTION - \$25.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE			Date of Receipt
Mailing Address 10428 KONSTANT	INE LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LOVELAND	State OH	Zip Code	Transaction ID: SA11AI.5952
FEC ID number of contributing federal political committee.	C	45140	Amount of Each Receipt this Period 25.00
Name of Employer OMNICARE, INC	Occupation VICE PR	n ESIDENT	SEMI-MONTHLY PAYROLL DEDU- CTION - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co		press of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE			Date of Receipt
Mailing Address 10428 KONSTANT	INE LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LOVELAND	State OH	Zip Code 45140	Transaction ID: SA11AI.5961 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer OMNICARE, INC	Occupation VICE PR	n ESIDENT	SEMI-MONTHLY PAYROLL DEDU- CTION - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) JAMES MATHIS			Date of Receipt
Mailing Address 4308 BRUSH HILL ROAD			05 29 2009
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.5904 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		21.00
Name of Employer OMNICARE INC	Occupation CORPOR	n RATE COMPLIANCE	SEMI-MONTHLY PAYROLL DEDU- CTION - \$21.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
Full Name (Last, First, Middle Initial) JAMES MATHIS			Date of Receipt
Mailing Address 4308 BRUSH HILL	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.5951 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer OMNICARE INC	Occupation OCCUPATE COMPLIANCE		SEMI-MONTHLY PAYROLL DEDU- CTION - \$21.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 231.00	
			67.00

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) JAMES MATHIS Mailing Address 4308 BRUSH HILL ROAD City State Zip Code NASHVILLE TN 37216 Amount of Each Receipt this Period PEC ID number of contributing federal political committee. C 21.00	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
Date of Receipt Date of R	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
THOMAS A SCHLEIGH, Jr. Mailing Address 2110 RIVER BEND WAY City State Zip Code KINGWOOD TX 77345 FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ State Zip Code Rough Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS LN W City State Zip Code IN 46561 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: SA11AI.5945 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.5945 Amount of Each Receipt Tone Transaction ID: SA11AI.5944 Amount of Each Receipt Transa	JAMES MATHIS Mailing Address 4308 BRUSH HILL RO City NASHVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General	State TN C Occupation CORPOR	n RATE COMPLIANCE e Year-to-Date ▼	Transaction ID: SA11AI.5960 Amount of Each Receipt this Period
THOMAS TÜCKER Mailing Address 11201 RIVER OAKS LN W City State Zip Code OSCEOLA IN 46561 FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M D D D 2 0 2 0 0 9 Transaction ID: SA11AI.5944 Amount of Each Receipt this Period BI-WEEKLY PAYROLL DEDUCTI-ON - \$25.00	THOMAS A SCHLEIGH, Jr. Mailing Address 2110 RIVER BEND W City KINGWOOD FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General	State TX C Occupation RVP - MA	n ANAGEMENT e Year-to-Date ▼	Transaction ID: SA11AI.5945 Amount of Each Receipt this Period 25.00 BI-WEEKLY PAYROLL DEDUCTI-
SUBTOTAL of Receipts This Page (optional)	THOMAS TUCKER Mailing Address 11201 RIVER OAKS City OSCEOLA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General	State IN C Occupation PHARMA	n ACIST e Year-to-Date ▼	Transaction ID: SA11AI.5944 Amount of Each Receipt this Period 25.00
	SUBTOTAL of Receipts This Page (optional) .			71.00

SCHEDULE B (FEC Form 3X)	FOR	LINE NUMBER: PAGE 29 / 29
,	Use separate schedule(s) (chec	LINE NUMBER: PAGE 29 / 29
ITEMIZED DISBURSEMENTS	for each category of the	1b 22 X 23 24 25 26
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		' '
NAME OF COMMITTEE (In Full)		
OmniCare, Inc. Politcal Action Committee		
Full Name (Last, First, Middle Initial)		Transaction ID: SB23.5838
NATIONAL REPUBLICAN CONGRESSION	IAL COMMITTEE	Date of Disbursement
		04 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 320 FIRST STREET		04 30 2009
City	State Zip Code	Amount of Each Disbursement this Period
WASHINGTON	DC 20003	
Purpose of Disbursement		10000.00
Political Party Contribution		
Candidate Name	Category	//
	Туре	
Office Sought: House Disburse	ment For:	
Senate	Primary General	
President	Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	•	10000.00