

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Omnicare, Inc. Political Action Committee

ADDRESS (number and street)

900 Omnicare Center

201 E Fourth Street

☐ Check if different than previously reported. (ACC)

Cincinnati

OH

45202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00392886

3. IS THIS REPORT

NEW (N)

OR

☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11) (Non-Election Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12) (Non-Election Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)

☐ Convention (12C)

☐ General (12G)

☐ Special (12S)

☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Regis T Robbins

Signature of Treasurer

Regis T Robbins

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Omnicare, Inc. Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		30143.20
(b) Cash on Hand at Beginning of Reporting Period.....	30143.20	
(c) Total Receipts (from Line 19)	20151.49	20151.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	50294.69	50294.69
7. Total Disbursements (from Line 31)	14000.00	14000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36294.69	36294.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Omnicare, Inc. Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y
 03 / 31 / 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

11995.01

11995.01

(ii) Unitemized

8156.48

8156.48

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

20151.49

20151.49

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

20151.49

20151.49

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

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

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

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

0.00

0.00

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

20151.49

20151.49

20. Total Federal Receipts

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

20151.49

20151.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	14000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14000.00	14000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14000.00	14000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20151.49	20151.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20151.49	20151.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 32
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City State Zip Code
VILLA HILLS KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

03 / 02 / 2012

Transaction ID : SA11AI.8655

Amount of Each Receipt this Period

41.67

Biweekly Payroll Deduction - \$41.67

Full Name (Last, First, Middle Initial)

B. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City State Zip Code
VILLA HILLS KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 16 / 2012

Transaction ID : SA11AI.8705

Amount of Each Receipt this Period

41.67

Biweekly Payroll Deduction - \$41.67

Full Name (Last, First, Middle Initial)

C. BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City State Zip Code
VILLA HILLS KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.8755

Amount of Each Receipt this Period

41.67

Biweekly Payroll Deduction - \$41.67

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

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

125.01

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

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

FOR LINE NUMBER: PAGE 7 OF 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 01 20 2012

Transaction ID : SA11AI.8446

Amount of Each Receipt this Period

200.00

Biweekly Payroll Deduction - \$200

Full Name (Last, First, Middle Initial)

B. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 03 2012

Transaction ID : SA11AI.8550

Amount of Each Receipt this Period

200.00

Biweekly Payroll Deduction - \$200

Full Name (Last, First, Middle Initial)

C. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 17 2012

Transaction ID : SA11AI.8603

Amount of Each Receipt this Period

200.00

Biweekly Payroll Deduction - \$200

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 8 OF 32
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 02 / 2012

Transaction ID : SA11AI.8658

Amount of Each Receipt this Period

200.00

Biweekly Payroll Deduction - \$200

Full Name (Last, First, Middle Initial)

B. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 16 / 2012

Transaction ID : SA11AI.8708

Amount of Each Receipt this Period

200.00

Biweekly Payroll Deduction - \$200

Full Name (Last, First, Middle Initial)

C. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.8760

Amount of Each Receipt this Period

200.00

Biweekly Payroll Deduction - \$200

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

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

600.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 03 / 2012

Transaction ID : SA11AI.8553

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

B. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 17 / 2012

Transaction ID : SA11AI.8606

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

C. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 02 / 2012

Transaction ID : SA11AI.8661

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 32

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 16 / 2012

Transaction ID : SA11AI.8711

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

B. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.8772

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

C. James Cialdini

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 20 / 2012

Transaction ID : SA11AI.8440

Amount of Each Receipt this Period

500.00

Independent Check - \$500

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

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

700.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
 CINCINNATI OH 45244

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 03 / 2012

Transaction ID : SA11AI.8555

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

B. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
 CINCINNATI OH 45244

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 17 / 2012

Transaction ID : SA11AI.8608

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

C. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
 CINCINNATI OH 45244

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 02 / 2012

Transaction ID : SA11AI.8663

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

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

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

300.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 32

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
 CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 16 / 2012

Transaction ID : SA11AI.8713

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

B. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
 CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.8777

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

C. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
 Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 03 / 2012

Transaction ID : SA11AI.8557

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

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

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

300.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
 Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 17 / 2012

Transaction ID : SA11AI.8610

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

B. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
 Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 02 / 2012

Transaction ID : SA11AI.8665

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

C. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
 Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 16 / 2012

Transaction ID : SA11AI.8715

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.8786

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

B. Leo P Finn

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 03 / 2012

Transaction ID : SA11AI.8558

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

C. Leo P Finn

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 17 / 2012

Transaction ID : SA11AI.8611

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Gould

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO - LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 02 / 2012

Transaction ID : SA11AI.8669

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

B. John Gould

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO - LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 16 / 2012

Transaction ID : SA11AI.8719

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

C. John Gould

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO - LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.8797

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hal O Henderson

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 02 / 2012

Transaction ID : SA11AI.8671

Amount of Each Receipt this Period

50.00

Biweekly Payroll Deduction - \$50

Full Name (Last, First, Middle Initial)

B. Hal O Henderson

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 16 / 2012

Transaction ID : SA11AI.8721

Amount of Each Receipt this Period

50.00

Biweekly Payroll Deduction - \$50

Full Name (Last, First, Middle Initial)

C. Hal O Henderson

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.8802

Amount of Each Receipt this Period

50.00

Biweekly Payroll Deduction - \$50

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alexander M Kayne

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : SA11AI.8437

Amount of Each Receipt this Period

2500.00

Independent Check - \$2500

Full Name (Last, First, Middle Initial)

B. Beth Kinerk

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP - Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2012

Transaction ID : SA11AI.8654

Amount of Each Receipt this Period

500.00

Independent Check - \$500

Full Name (Last, First, Middle Initial)

C. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : SA11AI.8724

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction - \$40

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

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

3040.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.8816

Amount of Each Receipt this Period

10.00

Biweekly Payroll Deduction - \$10

Full Name (Last, First, Middle Initial)

B. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 03 / 2012

Transaction ID : SA11AI.8569

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

C. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 17 / 2012

Transaction ID : SA11AI.8621

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

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

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

210.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 02 / 2012

Transaction ID : SA11AI.8675

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

B. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 16 / 2012

Transaction ID : SA11AI.8725

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

Full Name (Last, First, Middle Initial)

C. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.8817

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction - \$100

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donna M Lecky

Mailing Address 8241 Asbury Lane

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 16 / 2012

Transaction ID : SA11AI.8727

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction - \$40

Full Name (Last, First, Middle Initial)

B. Donna M Lecky

Mailing Address 8241 Asbury Lane

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.8820

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction - \$40

Full Name (Last, First, Middle Initial)

C. Dr. Richard J Raczka

Mailing Address 5770 Beachwood Trail

City State Zip Code
Fort Meyers FL 33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 16 / 2012

Transaction ID : SA11AI.8736

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction - \$40

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

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

120.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard J Raczka

Mailing Address 5770 Beachwood Trail

City

Fort Meyers

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.8837

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction - \$40

Full Name (Last, First, Middle Initial)

B. MICHAEL ROSENBLUM

Mailing Address 6 EMERALD LANE

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.8842

Amount of Each Receipt this Period

500.00

Biweekly Payroll Deduction - \$500

Full Name (Last, First, Middle Initial)

C. Nitin Sahney

Mailing Address 201 E Fourth Street
900 Omnicare Center

City

Cincinnati

State

OH

Zip Code

45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 / 01 / 2012

Transaction ID : SA11AI.8442

Amount of Each Receipt this Period

2000.00

Independent Check - \$2000

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

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

2540.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Schleigh

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 16 / 2012

Transaction ID : SA11AI.8737

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction - \$40

Full Name (Last, First, Middle Initial)

B. Thomas Schleigh

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.8843

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction - \$40

Full Name (Last, First, Middle Initial)

C. ANTHONY J SOLARO

Mailing Address 530 LEEDS GATE

City WADSWORTH State OH Zip Code 44281

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 26 / 2012

Transaction ID : SA11AI.8884

Amount of Each Receipt this Period

250.00

Independent Check - \$250

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

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

330.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Priscilla Stewart-Jones

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

02 / 03 / 2012

Transaction ID : SA11AI.8583

Amount of Each Receipt this Period

80.00

Biweekly Payroll Deduction - \$80

Full Name (Last, First, Middle Initial)

B. Priscilla Stewart-Jones

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

02 / 17 / 2012

Transaction ID : SA11AI.8634

Amount of Each Receipt this Period

80.00

Biweekly Payroll Deduction - \$80

Full Name (Last, First, Middle Initial)

C. Priscilla Stewart-Jones

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 02 / 2012

Transaction ID : SA11AI.8688

Amount of Each Receipt this Period

80.00

Biweekly Payroll Deduction - \$80

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

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

240.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 OF 32

(check only one)

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

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Priscilla Stewart-Jones
 Mailing Address 201 E Fourth Street
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

Transaction ID : SA11AI.8738

Amount of Each Receipt this Period

80.00

Biweekly Payroll Deduction - \$80

Full Name (Last, First, Middle Initial)

B. Priscilla Stewart-Jones
 Mailing Address 201 E Fourth Street
 900 Omnicare Center

City	State	Zip Code
Cincinnati	OH	45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : SA11AI.8851

Amount of Each Receipt this Period

80.00

Biweekly Payroll Deduction - \$80

Full Name (Last, First, Middle Initial)

C. MICHAEL J SZESKO

Mailing Address 325 GEORGIA ROAD

City	State	Zip Code
FREEHOLD	NJ	07728

FEC ID number of contributing federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2012

Transaction ID : SA11AI.8885

Amount of Each Receipt this Period

250.00

Independent Check - \$250

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

410.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 32

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Trite

Mailing Address 6512 Windmere Rd

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 16 / 2012

Transaction ID : SA11AI.8744

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction - \$40

Full Name (Last, First, Middle Initial)

B. Thomas Trite

Mailing Address 6512 Windmere Rd

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 30 / 2012

Transaction ID : SA11AI.8863

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction - \$40

Full Name (Last, First, Middle Initial)

C. John Workman

Mailing Address 100 E RiverCenter Blvd.

City

Covington

State

KY

Zip Code

41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : SA11AI.8493

Amount of Each Receipt this Period

125.00

Biweekly Payroll Deduction - \$125

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

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

205.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 32

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

02 / 03 / 2012

Transaction ID : SA11AI.8598

Amount of Each Receipt this Period

125.00

Biweekly Payroll Deduction - \$125

Full Name (Last, First, Middle Initial)

B. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 17 / 2012

Transaction ID : SA11AI.8649

Amount of Each Receipt this Period

125.00

Biweekly Payroll Deduction - \$125

Full Name (Last, First, Middle Initial)

C. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

03 / 02 / 2012

Transaction ID : SA11AI.8703

Amount of Each Receipt this Period

125.00

Biweekly Payroll Deduction - \$125

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

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

375.00

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

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

FOR LINE NUMBER: PAGE 27 OF 32
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 16 / 2012

Transaction ID : SA11AI.8753

Amount of Each Receipt this Period

125.00

Biweekly Payroll Deduction - \$125

Full Name (Last, First, Middle Initial)

B. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.8880

Amount of Each Receipt this Period

125.00

Biweekly Payroll Deduction - \$125

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

11995.01

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

PAGE 28 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ALAMO PAC

Mailing Address 919 CONGRESS AVE SUITE 1400

City
AUSTINState
TXZip Code
78701

Purpose of Disbursement

011

Candidate Name

ALAMO PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2012

Transaction ID : SB23.8435

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BOB CORKER FOR SENATE 2012

Mailing Address 1910 21ST AVENUE SOUTH

City
NASHVILLEState
TNZip Code
37212

Purpose of Disbursement

Category/
Type

Candidate Name

BOB CORKER FOR SENATE 2012

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2012

Transaction ID : SB23.8413

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESSMailing Address 5915 EASTMAN AVENUE
SUITE 100City
MIDLANDState
MIZip Code
48640

Purpose of Disbursement

011

Candidate Name

DAVE CAMP FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2012

Transaction ID : SB23.8425

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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

PAGE 29 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. GERLACH, JIM

Mailing Address 649 DEEP HOLLOW LANE

City	State	Zip Code
CHESTER SPRINGS	PA	19425

Purpose of Disbursement

011

Category/
Type

Candidate Name

GERLACH, JIM

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

Disbursement For:	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2012

Transaction ID : SB23.8428

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GINGREY FOR CONGRESS

Mailing Address PO BOX U

City	State	Zip Code
MARIETTA	GA	30060

Purpose of Disbursement

011

Category/
Type

Candidate Name

GINGREY FOR CONGRESS

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

Disbursement For:	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2012

Transaction ID : SB23.8433

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City	State	Zip Code
BOWLING GREEN	KY	42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

GUTHRIE FOR CONGRESS

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

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2012

Transaction ID : SB23.8417

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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

PAGE 31 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. SCHMIDT FOR CONGRESS COMMITTEE

Mailing Address 771 WARDS CORNER RD

City LOVELAND	State OH	Zip Code 45140
------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

SCHMIDT FOR CONGRESS COMMITTEECategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

 Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2012

Transaction ID : SB23.8430

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING	State MI	Zip Code 48826
----------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

STABENOW FOR US SENATECategory/
Type
 Office Sought: ☐ House
☒ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2012

Transaction ID : SB23.8415

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City PITTSBURGH	State PA	Zip Code 15234
--------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

TIM MURPHY FOR CONGRESSCategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2012

Transaction ID : SB23.8424

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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

PAGE 32 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. TREY GOWDY FOR CONGRESS

Mailing Address PO BOX 3324

City	State	Zip Code
SPARTANBURG	SC	29304

Purpose of Disbursement

011

Candidate Name

TREY GOWDY FOR CONGRESS

Category/
Type

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

Disbursement For:

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: SC District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2012

Transaction ID : SB23.8432

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WHITFIELD FOR CONGRESS

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

Purpose of Disbursement

011

Candidate Name

WHITFIELD FOR CONGRESS

Category/
Type

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

Disbursement For:

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2012

Transaction ID : SB23.8434

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

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

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

2000.00

14000.00