Image# 13941313747 PAGE 1 / 32

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An Auth	Onzed Committee	Office U	se Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Omnicare, Inc. Politic	cal Action Committee			
ADDRESS (number and street)	900 Omnicare Center			
▼	201 E Fourth Street			
Check if different than previously reported. (ACC)	Cincinnati		OH 45202	2
2. FEC IDENTIFICATION N	IUMBER ▼ CITY	∀ ▲	STATE A	ZIP CODE 🛦
C C00392886	3. IS	THIS NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M		Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 2	20 (M3) Jun 20 (M6		Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report ((Q1)	20 (M4) Jul 20 (M7)		
July 15 Quarterly Report ((C) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)	
January 31 Year-End Report (Floation	n on	Y II Y II Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	ion (d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: tt Election	n on/	Y = Y = Y	in the State of
5. Covering Period 0	01 01 2012	through 03	M / D = D / Y = Y 31_ 20	12
I certify that I have examined to	this Report and to the best of	my knowledge and belief it is	true, correct and comple	te.
Type or Print Name of Treasure	rer Regis T Robbins			
Signature of Treasurer Regularity	sis T Robbins	[Electronically Filed]	Date 08 / 01	2013
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to the penalt	ies of 2 U.S.C. §437g.
Office Use				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 01 2012 03 2012 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 30143.20 January 1, 2012 (b) Cash on Hand at 30143.20 Beginning of Reporting Period..... 20151.49 20151.49 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 50294.69 50294.69 6(a) and 6(c) for Column B)..... 14000.00 14000.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 36294.69 36294.69 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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)

Write or Type Committee Name

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		44005.04
(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
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
Tarty Committees	0.00	7 7
. All Loans Received	0.00	0.00
. All Loans Heceived		
	0.00	
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
_		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(2) =2 2 2 25 25	7	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	20151.49	20151.49
. Total Federal Receipts	20101.40	25101.45
. Total i cucial i totolpto		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		23.3.33. 134. 10 24.0
	(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	0.00	0.00
·	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	0.00	0.00
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees	11000.00	
i	and Other Political Committees	14000.00	14000.00
	Independent Expenditures (use Schedule E)	0.00	0.00
5. (Coordinated Party Expenditures		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6	Loan Ronaymente Made	0.00	0.00
υ.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		0.00
	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
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		2.22
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,	44000 00	
i	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	14000.00	14000.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	* * * * * * * * * * * * * * * * * * * *	
1	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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	20151.49	20151.49
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20151.49	20151.49
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
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

X 11a 11b 11c 12

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) **BRADLEY S ABBOTT** Date of Receipt Mailing Address 2050 DAMSON DRIVE 2012 03 02 City Zip Code State Transaction ID: SA11AI.8655 KY VILLA HILLS 41017 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Biweekly Payroll Deduction - \$41.67 Name of Employer Occupation OMNICARE, INC **VP & CONTROLLER** Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) **B.** BRADLEY S ABBOTT Date of Receipt Mailing Address 2050 DAMSON DRIVE 03 16 2012 City State Zip Code Transaction ID: SA11AI.8705 VILLA HILLS KY 41017 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Biweekly Payroll Deduction - \$41.67 Name of Employer Occupation OMNICARE, INC **VP & CONTROLLER** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. BRADLEY S ABBOTT Date of Receipt Mailing Address 2050 DAMSON DRIVE 30 03 2012 City Zip Code State Transaction ID: SA11AI.8755 KY VILLA HILLS 41017 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Biweekly Payroll Deduction - \$41.67 Name of Employer Occupation **VP & CONTROLLER** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 291.69 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: **PAGE** 7 OF 32 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 20 2012 City State Zip Code Transaction ID: SA11AI.8446 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Biweekly Payroll Deduction - \$200 Name of Employer Occupation VP Public Affairs Omnicare. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 02 03 2012 City State Zip Code Transaction ID: SA11AI.8550 PA Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Biweekly Payroll Deduction - \$200 Name of Employer Occupation Omnicare, Inc VP Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 02 17 2012 City State Zip Code Transaction ID: SA11AI.8603 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Biweekly Payroll Deduction - \$200 Name of Employer Occupation VP Public Affairs Omnicare, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) 17

FOR LINE NUMBER: PAGE 8 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Omnicare, Inc. Political Ac	tion Committe	ee	
Full Name (Last, First, Middle Initial) A. Paul Baldwin			Date of Receipt
Mailing Address 208 Old Mill Road			03 02 2012
City	State	Zip Code	Transaction ID : SA11AI.8658
Royersford	PA	19468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer	Occupation	1	Biweekly Payroll Deduction - \$200
Omnicare, Inc	VP Public A	Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		4000.00	1
Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) 3. Paul Baldwin			Date of Receipt
Mailing Address 208 Old Mill Road			03 16 2012
City	State	Zip Code	Transaction ID : SA11AI.8708
Royersford	PA	19468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer	Occupation	1	Biweekly Payroll Deduction - \$200
Omnicare, Inc	VP Public A		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	1200.00	
Full Name (Last, First, Middle Initial) C. Paul Baldwin			Date of Receipt
Mailing Address 208 Old Mill Road			03 30 2012
City	State	Zip Code	Transaction ID : SA11AI.8760
Royersford	PA	19468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer	Occupation	1	Biweekly Payroll Deduction - \$200
Omnicare, Inc	VP Public A	Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1400.00	
SUBTOTAL of Receipts This Page (optio	nal)		600.00
TOTAL This Period (last page this line no	umber only))	

	FOR LINE I	NUMBER	:	PAGE	=	9	OF	
Use separate schedule(s)	(check only	one)						_
for each category of the Detailed Summary Page	X 11a	11b		11c		12		
,	13	14		15		16		_

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address 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. Political Action	Committee	
Full Name (Last, First, Middle Initial) Randall Carpenter Mailing Address 201 E Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation CIO Aggregate Year-to-Date ▼	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) Randall Carpenter Mailing Address 201 E Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation CIO 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) Randall Carpenter Mailing Address 201 E Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation CIO Aggregate Year-to-Date ▼	Date of Receipt 03 02 2012 Transaction ID: SA11Al.8661 Amount of Each Receipt this Period 100.00 Biweekly Payroll Deduction - \$100
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	only)	

	FOR	LINE	NU	MBER	:	PAGE	 10 OF	:	32
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
_ common common, cogo		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) Randall Carpenter Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 2012 16 City State Zip Code Transaction ID: SA11AI.8711 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction - \$100 Name of Employer Occupation CIO Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Randall Carpenter Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 03 30 2012 City State Zip Code Transaction ID: SA11AI.8772 Cincinnati OH 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Biweekly Payroll Deduction - \$100 Name of Employer Occupation Omnicare, Inc. CIO Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) James Cialdini		Date of Receipt
Mailing Address 201 E Fourth Street 900 Omnicare Center		02 20 2012
City	State Zip Code	Transaction ID : SA11AI.8440
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Indpendent Check - \$500
Omnicare, Inc.	VP, Pharmacy Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

700.00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stat or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Co	ommittee	
OMNICARE, INC Receipt For: Primary General Other (specify)	State Zip Code OH 45244 C Occupation VP OF OPERATIONS FINANCE Aggregate Year-to-Date ▼ 300.00	Date of Receipt 02 03 2012 Transaction ID: SA11AI.8555 Amount of Each Receipt this Period 100.00 Biweekly Payroll Deduction - \$100
OMNICARE, INC	State Zip Code OH 45244 C Occupation VP OF OPERATIONS FINANCE Aggregate Year-to-Date ▼ 400.00	Date of Receipt Mark
OMNICARE, INC	State Zip Code OH 45244 C Occupation VP OF OPERATIONS FINANCE Aggregate Year-to-Date ▼ 500.00	Date of Receipt 03
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number on	ıly)	

FOR LINE NUMBER: PAGE 12 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 2012 16 City Zip Code State Transaction ID: SA11AI.8713 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Biweekly Payroll Deduction - \$100 Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 03 30 2012 City State Zip Code Transaction ID: SA11AI.8777 **CINCINNATI** OH 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Biweekly Payroll Deduction - \$100 Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Figueroa Date of Receipt Mailing Address 8386 Kugler Mill Road 02 03 2012 City Zip Code State Transaction ID: SA11AI.8557 OH Cincinnati 45243 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Biweekly Payroll Deduction - \$100 Name of Employer Occupation CEO Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 13 OF 32 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial) John Figueroa Mailing Address 8386 Kugler Mill Road City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify)	State Zip Code OH 45243 C Occupation CEO Aggregate Year-to-Date ▼ 400.00	Date of Receipt M
Full Name (Last, First, Middle Initial) John Figueroa Mailing Address 8386 Kugler Mill Road City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify)	State Zip Code OH 45243 C Occupation CEO Aggregate Year-to-Date ▼	Date of Receipt 03 02 2012 Transaction ID : SA11Al.8665 Amount of Each Receipt this Period 100.00 Biweekly Payroll Deduction - \$100
Full Name (Last, First, Middle Initial) John Figueroa Mailing Address 8386 Kugler Mill Road City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare Receipt For: Primary General Other (specify)	State Zip Code OH 45243 C Occupation CEO 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))	300.00
TOTAL This Period (last page this line number	only)	

	FOR LIN	E NUMBEF	R: PAG	iE 14 O	F 32
Use separate schedule(s) for each category of the	(check o	<i>'</i>			
Detailed Summary Page	X 11a	11b	11c	12	

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) John Figueroa Date of Receipt Mailing Address 8386 Kugler Mill Road 30 2012 City State Zip Code Transaction ID: SA11AI.8786 OH Cincinnati 45243 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction - \$100 Name of Employer Occupation Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Leo P Finn Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 02 03 2012 City State Zip Code Transaction ID: SA11AI.8558 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Biweekly Payroll Deduction - \$100 Name of Employer Occupation Omnicare, Inc. VP M&A Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Leo P Finn Date of Receipt Mailing Address 201 E Fourth Street 02 17 2012 900 Omnicare Center City State Zip Code Transaction ID: SA11AI.8611 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Biweekly Payroll Deduction - \$100 Name of Employer Occupation VP M&A Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	on Committee	
Full Name (Last, First, Middle Initial) John Gould Mailing Address 201 E Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation CFO - LTC Aggregate Year-to-Date ▼	Date of Receipt 03 02 2012 Transaction ID: SA11Al.8669 Amount of Each Receipt this Period 100.00 Biweekly Payroll Deduction - \$100
Full Name (Last, First, Middle Initial) John Gould Mailing Address 201 E Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation CFO - LTC 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) John Gould Mailing Address 201 E Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation CFO - LTC Aggregate Year-to-Date ▼ 500.00	Date of Receipt 03
SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number	ber only)	•

	FOF	R LINE	NU	MBER	:	PAGE	•	16 OF	=	32
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
ca, . ag.		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	e name and address of any political committee to	
Full Name (Last, First, Middle Initial) Hal O Henderson Mailing Address 201 E Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacist 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) Hal O Henderson Mailing Address 201 E Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacist 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) Hal O Henderson Mailing Address 201 E Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45202 C Occupation Pharmacist 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	<u>-</u>	150.00

	FOR LINE NUMBER:	PAGE	17 OF	32
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for each category of the Detailed Summary Page	X 11a 11b	11c	12	
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16

Transaction ID: SA11AI.8724

Biweekly Payroll Deduction - \$40

Amount of Each Receipt this Period

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) Alexander M Kayne Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 2012 28 City Zip Code State Transaction ID: SA11AI.8437 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Indpendent Check - \$2500 Name of Employer Occupation General Counsel Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Beth Kinerk Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 03 12 2012 City State Zip Code Transaction ID: SA11AI.8654 OH 45202 Cincinnati Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Indpendent Check - \$500 Name of Employer Occupation Omnicare, Inc. VP - Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Andrew H Kowal Date of Receipt Mailing Address 153 R Pomeroy Meadow Road

240.00

Zip Code

01073

State

MA

Occupation Pharmacist

Aggregate Year-to-Date ▼

С

2012

40.00

City

Southampton

Name of Employer

Primary

Omnicare, Inc Receipt For:

FEC ID number of contributing

General

federal political committee.

Other (specify)

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Andrew H Kowal Date of Receipt Mailing Address 153 R Pomeroy Meadow Road 30 2012 City Zip Code State Transaction ID: SA11AI.8816 MA Southampton 01073 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Biweekly Payroll Deduction - \$10 Name of Employer Occupation **Pharmacist** Omnicare. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 02 03 2012 City State Zip Code Transaction ID: SA11AI.8569 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Biweekly Payroll Deduction - \$100 Name of Employer Occupation Omnicare **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 02 17 2012 City State Zip Code Transaction ID: SA11AI.8621 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Biweekly Payroll Deduction - \$100 Name of Employer Occupation CFO Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify)

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 02 2012 City State Zip Code Transaction ID: SA11AI.8675 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction - \$100 Name of Employer Occupation Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 03 16 2012 City State Zip Code Transaction ID: SA11AI.8725 Cincinnati OH 45215 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Biweekly Payroll Deduction - \$100 Name of Employer Occupation Omnicare **CFO**

Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Robert Kraft Mailing Address 233 Burns Ave		Date of Receipt 03 30 2012
Cincinnati	State Zip Code OH 45215	Transaction ID : SA11AI.8817 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00 Biweekly Payroll Deduction - \$100
Name of Employer Omnicare Receipt For:	Occupation CFO Aggregate Veer to Date	
Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
		300.00

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

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Receipt For:

FOR LINE NUMBER: PAGE 20 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Donna M Lecky Date of Receipt Mailing Address 8241 Asbury Lane 2012 16 City State Zip Code Transaction ID: SA11AI.8727 OH Cincinnati 45243 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction - \$40 Name of Employer Occupation Omnicare. Inc Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna M Lecky Date of Receipt Mailing Address 8241 Asbury Lane 03 30 2012 City State Zip Code Transaction ID: SA11AI.8820 OH Cincinnati 45243 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Biweekly Payroll Deduction - \$40 Name of Employer Occupation Omnicare, Inc Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Richard J Raczka Date of Receipt Mailing Address 5770 Beachwood Trail 03 16 2012 City State Zip Code Transaction ID: SA11AI.8736 FL Fort Meyers 33919 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Biweekly Payroll Deduction - \$40 Name of Employer Occupation **Pharmacist** Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Dr. Richard J Raczka Date of Receipt Mailing Address 5770 Beachwood Trail 30 2012 City State Zip Code Transaction ID: SA11AI.8837 FL Fort Meyers 33919 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction - \$40 Name of Employer Occupation **Pharmacist** Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MICHAEL ROSENBLUM Date of Receipt Mailing Address 6 EMERALD LANE 03 30 2012 City State Zip Code Transaction ID: SA11AI.8842 **SUFFERN** NY 10901 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Biweekly Payroll Deduction - \$500 Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nitin Sahney Date of Receipt

Mailing Address 201 E Fourth Street 2012 03 01 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8442 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. Indpendent Check - \$2000 Name of Employer Occupation COO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify)

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Thomas Schleigh Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 2012 City State Zip Code Transaction ID: SA11AI.8737 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction - \$40 Name of Employer Occupation RVP Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Schleigh Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 03 30 2012 City State Zip Code Transaction ID: SA11AI.8843 OH 45202 Cincinnati Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Biweekly Payroll Deduction - \$40 Name of Employer Occupation Omnicare, Inc. RVP Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 280.00

Other (specify)	, 260.00	
Full Name (Last, First, Middle Initial) . ANTHONY J SOLARO		Date of Receipt
Mailing Address 530 LEEDS GATE		03 26 2012
City	State Zip Code	Transaction ID : SA11AI.8884
WADSWORTH	OH 44281	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Indpendent Check - \$250
OMNICARE, INC	PHARMACIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
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NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Full Name (Last, First, Middle Initial) Priscilla Stewart-Jones Mailing Address 201 E Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For:	State Zip Code OH 45202 C Occupation SVP - HR	Date of Receipt 02 03 2012 Transaction ID : SA11Al.8583 Amount of Each Receipt this Period 80.00 Biweekly Payroll Deduction - \$80
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Priscilla Stewart-Jones Mailing Address 201 E Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation SVP - HR Aggregate Year-to-Date ▼	Date of Receipt Mark 2012 17 2012 Transaction ID : SA11Al.8634 Amount of Each Receipt this Period 80.00 Biweekly Payroll Deduction - \$80
Full Name (Last, First, Middle Initial) Priscilla Stewart-Jones Mailing Address 201 E Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation SVP - HR Aggregate Year-to-Date ▼ 400.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	.	240.00
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FOR LINE NUMBER: PAGE 24 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Priscilla Stewart-Jones Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 2012 16 City Zip Code State Transaction ID: SA11AI.8738 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Biweekly Payroll Deduction - \$80 Name of Employer Occupation SVP - HR Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Priscilla Stewart-Jones Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 03 30 2012 City State Zip Code Transaction ID: SA11AI.8851 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Biweekly Payroll Deduction - \$80 Name of Employer Occupation Omnicare, Inc. SVP - HR Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) c. MICHAEL J SZESKO Date of Receipt Mailing Address 325 GEORGIA ROAD 03 18 2012 City State Zip Code Transaction ID: SA11AI.8885 NJ **FREEHOLD** 07728 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Indpendent Check - \$250 Name of Employer Occupation **ENGINEERING** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 410.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 25 OF 32 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Thomas Trite Date of Receipt Mailing Address 6512 Windmere Rd 2012 16 City State Zip Code Transaction ID: SA11AI.8744 PΑ Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction - \$40 Name of Employer Occupation Omnicare **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Trite Date of Receipt Mailing Address 6512 Windmere Rd 03 30 2012 City State Zip Code Transaction ID: SA11AI.8863 PA Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Biweekly Payroll Deduction - \$40 Name of Employer Occupation Omnicare **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 20 01 2012 City Zip Code State Transaction ID: SA11AI.8493 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Biweekly Payroll Deduction - \$125 Name of Employer Occupation CEO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 205.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 03 2012 City State Zip Code Transaction ID: SA11AI.8598 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Biweekly Payroll Deduction - \$125 Name of Employer Occupation Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 02 17 2012 City State Zip Code Transaction ID: SA11AI.8649 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Biweekly Payroll Deduction - \$125 Name of Employer Occupation Omnicare, Inc. CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 02 03 2012 City State Zip Code Transaction ID: SA11AI.8703 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Biweekly Payroll Deduction - \$125 Name of Employer Occupation CEO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one)

I	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17						
	ny information copied from such Reports and Statements for commercial purposes, other than using the name and								
\rangle	NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Commit	ttee							
١.	Full Name (Last, First, Middle Initial) John Workman		Date of Receipt						
	Mailing Address 100 E RiverCenter Blvd.		03 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City State Covington KY	Zip Code 41011	Transaction ID : SA11AI.8753						
	FFO ID average of contribution		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		125.00						
	Name of Employer Occupat	ion	Biweekly Payroll Deduction - \$125						
	Omnicare, Inc.								
	Receipt For: Primary General Aggrega	te Year-to-Date ▼							
	Other (specify) ▼	750.00							
3.	Full Name (Last, First, Middle Initial) John Workman		Date of Receipt						
	Mailing Address 100 E RiverCenter Blvd.		03 30 2012						
City	-	Zip Code	Transaction ID : SA11AI.8880						
	Covington KY	41011	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		125.00						
	Name of Employer Occupate Omnicare, Inc. CEO	ion	Biweekly Payroll Deduction - \$125						
	Possint For:	ate Year-to-Date ▼							
	Primary General Other (specify) ▼	875.00							
<u> </u>	Full Name (Last, First, Middle Initial)		Date of Receipt						
	Mailing Address		M = M / D = D / Y = Y = Y						
	City State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.								
	Name of Employer Occupat	ion							
	Receipt For: Primary General Other (specify) ▼ Aggrega	ate Year-to-Date ▼							
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 28 OF 32
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	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten	nents may not be sold or used	by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Omnicare, Inc. Political Action Cor	nmittee		
/ Similars, mer i similar nemeri ser			
Full Name (Last, First, Middle Initial)			
A. ALAMO PAC			Date of Disbursement
			M M / D D / Y Y Y Y Y
Mailing Address 919 CONGRESS AVE SUITE 1400			01 27 2012
011.	7'- 0-1-		
,	State Zip Code TX 78701		Transaction ID : SB23.8435
AUSTIN Purpose of Disbursement	78701		
rurpose or bisbursement		011	Amount of Each Disbursement this Period
Candidate Name	[.		San S. Edd. Blood contone tillo i cillou
ALAMO PAC		Category/ Type	1000.00
Office Sought: House Disbursen	nent For:	Турс	
	Primary General		
President	Other (specify)		
State: District:	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			
B. BOB CORKER FOR SENATE 201.	2		Date of Disbursement
	_		M M / D D / Y Y Y Y
Mailing Address 1910 21ST AVENUE SOUTH			01 27 2012
City	State Zip Code		Transaction ID : SB23.8413
NASHVILLE	TN 37212		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name			Amount of Each Disbursement this Penou
BOB CORKER FOR SENATE 2012	2	Category/ Type	1000.00
Office Sought: House Disbursen		туре	
	Primary General		
	Other (specify)		
State: TN District: 00	(-p)/ ∀		
Full Name (Last, First, Middle Initial)			
C. DAVE CAMP FOR CONGRESS			Date of Disbursement
Brive Gravii Tori Gordonie			M M / D D / Y Y Y Y
Mailing Address 5915 EASTMAN AVENUE			03 15 2012
SUITE 100			
City	State Zip Code		Transaction ID : SB23.8425
MIDLAND	MI 48640		Transaction ib . Ob25.5425
Purpose of Disbursement			
Condidate Name		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
DAVE CAMP FOR CONGRESS Office Sought: House Disbursen	pont For:	Туре	7
	Primary General Other (specify)		
State: MI District: 04	Other (specify)		
States IVII Biotilot. U4			
SUBTOTAL of Disbursements This Page (optional)			3000.00
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NAME OF COMMITTEE (In Full)	and addres	or any pointed	a. committee to	JOHOIT COI	IDUIIOI IS	Sucif		·.
Omnicare, Inc. Political Action Co.	mmittee							
Full Name (Last, First, Middle Initial)								
A. GERLACH, JIM				Date of	Disburser		Y Y Y	
Mailing Address 649 DEEP HOLLOW LANE				01	27		2012	_
•		Zip Code		Transa	action ID :	SB23.8428	3	
CHESTER SPRINGS	PA	19425						
Purpose of Disbursement			011	Amount	of Each I	Disburseme	nt this Pe	eriod
Candidate Name			Category/				1000.0	00
GERLACH, JIM Office Sought: House Disburser	ment For:		Туре		7			
	Primary Other (specify	General √) ▼						
State: PA District: 06								
Full Name (Last, First, Middle Initial)								
B. GINGREY FOR CONGRESS				Date of	Disburser		Y Y Y	
Mailing Address PO BOX U				01	27		2012	
City MARIETTA		Zip Code 30060		Trans	action ID	: SB23.843	3	
Purpose of Disbursement			011	Amount	of Each I	Disburseme	nt this Pe	eriod
Candidate Name			Category/					-
GINGREY FOR CONGRESS			Type			,	1000.0	00
President	ment For: Primary Other (specify	General /) ▼						
State: GA District: 11 Full Name (Last, First, Middle Initial)								
C. GUTHRIE FOR CONGRESS				Date of	Disburser		Y Y Y	
Mailing Address PO BOX 9639				03	15		2012	
City		Zip Code		Trans	action ID	: SB23.8417	7	
BOWLING GREEN	KY .	42102		Halls		. 3523.0717		
Purpose of Disbursement			011			.		
Candidate Name				Amount	of Each I	Disburseme	nt this Pe	eriod
GUTHRIE FOR CONGRESS			Category/ Type				1000.0	00
	ment For: Primary Other (specify	General √) ▼	.,,,,,			7		
Oldon IVI Diotriot. UZ							-	_
SUBTOTAL of Disbursements This Page (optional)			·····	L.			3000.0	00
TOTAL This Period (last page this line number only))					40	-	

SCHEDULE B (FEC Form 3X)			FOR LINE I	PAGE 30 OF 32	
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	one)	
		Summary Page	21b 27	22 X 28a	23 24 25 26 28b 28c 29 30
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NAME OF COMMITTEE (In Full)		, , ,			
Omnicare, Inc. Political Action	n Committee				
Full Name (Last, First, Middle Initial)					
MATSUI FOR CONGRESS				Date of Dis	bursement
Mailing Address PO BOX 1738	-			01	27 2012
City	State	Zip Code		Transactio	on ID : SB23.8431
SACRAMENTO Purpose of Disbursement	CA	95812			
Candidate Name			011	Amount of I	Each Disbursement this Period
MATSUI FOR CONGRESS			Category/ Type		1000.00
	sbursement For:		1,700		,
Senate	Primary	General			
President	Other (spec	ify) 🔻			
State: CA District: 05					
Full Name (Last, First, Middle Initial) B. PALLONE FOR CONGRESS				Date of Dis	bursement
5. PALLONE FOR CONGRESS				M M /	D D / Y Y Y Y
Mailing Address PO BOX 3176				03	15 2012
City	State	Zip Code		Transaction	on ID : SB23.8414
Long Branch Purpose of Disbursement	NJ	07740			
Fulpose of Dispulsement				Amount of I	Each Disbursement this Period
Candidate Name			Category/		
PALLONE FOR CONGRESS			Type		1000.00
Office Sought: House Dis	sbursement For:				
Senate	Primary	General			
State: NJ District: 06	Other (spec	ify) 🔻			
Full Name (Last, First, Middle Initial)					
C. PORTMAN FOR SENATE CO	MMITTEE			Date of Dis	
Mailing Address 9856 ARCHER LANE				03	15 / 2012
City	State	Zip Code			ID 0000000
DUBLIN	ОН	43017		Transaction	on ID : SB23.8423
Purpose of Disbursement			1		
Candidate Name			011	Amount of I	Each Disbursement this Period
PORTMAN FOR SENATE CO	COMMITTEE Category/ Type				1000.00
	sbursement For:		турс		, , , , , , , , , , , , , , , , , , , ,
X Senate	Primary	General			
President	Other (spec	ify) 🔻			
State: OH District: 00					
					2000.00
SUBTOTAL of Disbursements This Page (opt	ional)	······	············ >		3000.00
TOTAL This Period (last page this line number	er only)				
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SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PA	AGE 31 OF 32	
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(check only	(orlean orling orle)		
	Detailed Summary Pag		22 X 23 24 28a 28b 28c	25 29 30	
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Any information copied from such Reports and Stater or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,				
Omnicare, Inc. Political Action Cor	mmittee				
Offinicate, inc. 1 offical Action Col	minico				
Full Name (Last, First, Middle Initial)					
$^{f A_{\cdot}}$ SCHMIDT FOR CONGRESS COM	MITTEE		Date of Disbursement		
Moiling Address 774 WARRO CORNER DR				2042	
Mailing Address 771 WARDS CORNER RD			01 27	2012	
City	State Zip Code				
LOVELAND	OH 45140		Transaction ID : SB23.8	3430	
Purpose of Disbursement					
		011	Amount of Each Disburse	ement this Period	
Candidate Name		Category/		1000.00	
SCHMIDT FOR CONGRESS COM		Туре		1000.00	
Office Sought: House Disburser Senate					
President	Primary General Gener	اد ا			
State: OH District: 02	outer (opeony) ▼				
Full Name (Last, First, Middle Initial)					
3. STABENOW FOR US SENATE			Date of Disbursement		
			M M / D D /	Y Y Y Y Y	
Mailing Address P.O. BOX 4945			03 15	2012	
,	State Zip Code		Transaction ID : SB23.8	3415	
EAST LANSING Purpose of Disbursement	MI 48826				
r arposo or Biosarcoment		011	Amount of Each Disburse	ement this Period	
Candidate Name		Category/			
STABENOW FOR US SENATE		Type		1000.00	
Office Sought: House Disburser	ment For:				
X Senate	Primary Genera	al			
President	Other (specify) ▼				
State: MI District: 00					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
C. TIM MURPHY FOR CONGRESS					
Mailing Address P.O. BOX 24551			M M / D D / D D / D D / D D / D D D / D	2012	
City	State Zip Code		Transaction ID : SB23.8	2424	
PITTSBURGH	PA 15234		1141134611011 10 . 3023.0	J7£4	
Purpose of Disbursement					
Candidate Name		011	Amount of Each Disburse	ement this Period	
TIM MURPHY FOR CONGRESS		Category/		1000.00	
Office Sought: House Disburser	ment For:	Туре			
	Primary Genera	al			
President	Other (specify) ▼				
State: PA District: 18	· · · · · · · · · · · · · · · · · · ·				
SUBTOTAL of Disbursements This Page (optional)				3000.00	
TOTAL This Period (last page this line number only))				

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 32 OF 32
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b	22 🗙 23	24 25 26
		27	28a 28b	28c 29 30
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	e and address of any point	car committee to	SOIICIT CONTRIBUTIONS ITO	ii sucii committee.
NAME OF COMMITTEE (In Full)	mmittaa			
Omnicare, Inc. Political Action Con	nmillee			
Full Name (Last, First, Middle Initial)				
A. TREY GOWDY FOR CONGRESS			Date of Disbursemen	t
Mailing Address BO DOV 2004			M M / D D	/
Mailing Address PO BOX 3324			01 27	2012
City	State Zip Code			
SPARTANBURG	SC 29304		Transaction ID : SE	323.8432
Purpose of Disbursement				
		011	Amount of Each Disk	oursement this Period
Candidate Name		Category/		1000.00
TREY GOWDY FOR CONGRESS Office Sought: House Disbursen		Туре		
	Primary General			
	Other (specify)			
State: SC District: 04	(((((((((((((((((((
Full Name (Last, First, Middle Initial)				
3. WHITFIELD FOR CONGRESS			Date of Disbursemen	t
			M = M / D = D	/ Y Y Y Y Y
Mailing Address P.O. BOX 391			01 27	2012
Cit.	7:- O-d-			
•	State Zip Code KY 42241		Transaction ID : SE	323.8434
Purpose of Disbursement	72241			
		011	Amount of Each Disk	oursement this Period
Candidate Name		Category/		4000.00
WHITFIELD FOR CONGRESS		Type		1000.00
Office Sought: House Disbursem				
	Primary General			
President State: KY District: 01	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursemen	t
			M M / D D	/ Y Y Y Y Y
Mailing Address				
City	State Zip Code			
S.,	p			
Purpose of Disbursement				
			Amount of Each Disk	oursement this Period
Candidate Name		Category/		
Office Sought: House Disbursem	oont For:	Type		
	Primary General			
	Other (specify)			
State: District:	(opoonj) ▼			
SUBTOTAL of Disbursements This Page (optional)				2000.00
				7
TOTAL This Period (last page this line number only).				14000.00