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Image# 13941313779

# **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

		For Other	Inan An Au	itnorized	Commit	tee		Offic	ce Use Only	
1. NAME (	OF TTEE (in full)	TYPE OR	PRINT ▼		imple: If typ r the lines.	oing, type	12FE	4M5		
Omnica	re, Inc. Politic	cal Action	Committee		1 1 1 1		1 1 1	1 1 1		
		900 Omr	icare Center							
ADDRESS (	number and street)	201 E Fo	urth Street							
tha	eck if different n previously orted. (ACC)	Cincinna	ıti			1	OH	45	5202	
·	, ,			ITV .			CTATE		7ID 00	DE .
2. FEC ID	ENTIFICATION N	IUMBER <b>V</b>		ITY 🛦			STATE	<b>\</b>	ZIP CO	DE <b>A</b>
С	C00392886		3.	IS THIS REPORT		NEW (N) <b>OR</b>	×	AMEND (A)	ED	
4. TYPE (Choose	OF REPORT One)	(b) Mor Rep   Due	ort On:	eb 20 (M2)		May 20 (M5)		Aug 20 (N		Nov 20 (M11) (Non-Election Year Only)
(a) Qu	arterly Reports:			ar 20 (M3)	Щ	Jun 20 (M6)	Щ	Sep 20 (N		Dec 20 (M12) (Non-Election Year Only)
П	April 15 Quarterly Report (	(01)	Ap	or 20 (M4)		Jul 20 (M7)		Oct 20 (M	110)	Jan 31 (YE)
×	July 15	(C)	12-Day  PRE-Election	Ш	Primary (12	2P)	Ge	neral (12G)	Ш	Runoff (12R)
П	Quarterly Report ( October 15		Report for the:		Convention	(12C)	Spe	ecial (12S)		
П	Quarterly Report ( January 31		Elec	tion on	M = M	/ D = D /	Y Y	Y Y	in the State o	of _
	Year-End Report ( July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d)	30-Day POST-Election		General (30	0G)	Ru	noff (30R)		Special (30S)
П	Termination Repor	rt	Report for the:		M M	/ D D /	Y	Y	in the	
	(TER)		Elec	tion on			L		State o	ıf
5. Covering	g Period (	04 01	2012		through	M M	/ D	D / Y	2012	
I certify that	I have examined	this Report a	nd to the best	of my kno	wledge and	belief it is tr	ue, corre	ct and com	nplete.	
Type or Prin	t Name of Treasur	er Regis T	Robbins							
Signature of	Treasurer Reg	ris T Robbins			[Electronical	lly Filed]	Date	M M /	D D /	2013
NOTE: Subm	ission of false, erro	neous, or inc	omplete informat	ion may sı	ubject the pe	erson signing	this Repo	rt to the pe	nalties of 2 l	J.S.C. §437g.
Ot	fice			-	·				EC FOR	RM 3X
	nlv					1			110V. 12/2	

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name Omnicare, Inc. Political Action Committee 2012 06 30 2012 Report Covering the Period: 04 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 36294.69 Beginning of Reporting Period..... 39002.23 18850.74 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 55145.43 69145.43 6(a) and 6(c) for Column B)..... 15000.00 29000.00 Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 40145.43 40145.43 (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

Schedule C and/or Schedule D) .....

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

#### For further information contact:

0.00

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

Repo	ort Covering the Period: From: 04		e: 06 / 30 / 2012
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. C	ontributions (other than loans) From: a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	10335.00	22330.01
	(ii) Unitemized(iii) TOTAL (add	8039.40	16195.88
	Lines 11(a)(i) and (ii)	18374.40	38525.89
(b	,	0.00	0.00
(d	(such as PACs)	0.00	0.00
12. Tı	11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)   ransfers From Affiliated/Other	18374.40	38525.89
	arty Committees	0.00	0.00
13. A	Il Loans Received	0.00	0.00
15. O	pan Repayments Receivedffsets To Operating Expenditures	0.00	0.00
(C 16. R	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) efunds of Contributions Made	476.34	476.34
Р	Federal Candidates and Other  olitical Committees  ther Federal Receipts	0.00	0.00
([	Dividends, Interest, etc.)ansfers from Non-Federal and Levin Funds	0.00	0.00
(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
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))▶	18850.74	39002.23
	otal Federal Receipts ubtract Line 18(c) from Line 19) ▶	18850.74	39002.23

#### **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	10101 11101	Calcilaai Teal-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(II) 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	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	3.00	5.50			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00			
Transfers to Affiliated/Other Party					
ConmitteesContributions to	0.00	0.00			
Federal Candidates/Committees	15000.00	20000 00			
and Other Political Committees	13000.00	29000.00			
(use Schedule E)	0.00	0.00			
Coordinated Party Expenditures	7				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Loans Made Refunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
That I olded Committees	, , ,				
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees					
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00			
(add £1100 £0(a), (b), and (0),					
Other Disbursements	0.00	0.00			
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)	0.00	0.00			
(i) Federal Share					
(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	200				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15000.00	29000.00			
25, 2 ., 25, 25, 27, 25(a), 25 and 55(5)).	10000.00	29000.00			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	15000.00	29000.00			

#### **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)	18374.40	38525.89				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18374.40	38525.89				
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)	476.34	476.34				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-476.34	-476.34				

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

62

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) Michael Arnold Date of Receipt Mailing Address 71 Sentry Drive 08 2012 City State Zip Code Transaction ID: SA11AI.9474 KY Wilder 41076 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Omnicare Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Arnold Date of Receipt Mailing Address 71 Sentry Drive 06 22 2012 City State Zip Code Transaction ID: SA11AI.9357 KY 41076 Wilder Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 2012 04 13 City State Zip Code Transaction ID: SA11AI.8890 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation **VP Public Affairs** Omnicare, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) 280.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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) Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 04 2012 27 City State Zip Code Transaction ID: SA11AI.9005 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation VP Public Affairs Omnicare. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 05 2012 11 City State Zip Code Transaction ID: SA11AI.9118 PA Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc VP Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 05 25 2012 City State Zip Code Transaction ID: SA11AI.9240 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation **VP Public Affairs** Omnicare, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 2200.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

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m such Paparte and Statements may not be said or used by any parent for the number of caliciting contributions												

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 08 2012 City State Zip Code Transaction ID: SA11AI.9476 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation VP Public Affairs Omnicare. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 06 22 2012 City State Zip Code Transaction ID: SA11AI.9359 Royersford PA 19468 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc VP Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Darold R. Barnes Date of Receipt Mailing Address 201 E Fourth Street 2012 04 27 900 Omnicare Center City State Zip Code Transaction ID: SA11AI.9006 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Regional Service Area Director Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 440.00 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) Darold R. Barnes Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 2012 City Zip Code State Transaction ID: SA11AI.9119 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Regional Service Area Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Darold R. Barnes Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 05 25 2012 City State Zip Code Transaction ID: SA11AI.9241 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. Regional Service Area Director Receipt For: Aggregate Year-to-Date ▼ Primary General 290.00 Other (specify) Full Name (Last, First, Middle Initial) c. Darold R. Barnes Date of Receipt Mailing Address 201 E Fourth Street 80 06 2012 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9477 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Omnicare, Inc. Regional Service Area Director Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

Receipt For:

Primary

Other (specify)

General

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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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) Darold R. Barnes Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 2012 City State Zip Code Transaction ID: SA11AI.9360 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Regional Service Area Director Omnicare, Inc.

370.00

280.00

Aggregate Year-to-Date ▼

В.	Full Name (Last, First, Middle Initial) Ross Brickley		Date of Receipt
	Mailing Address 5408 Quetzel Ct.		06 08 2012
	City	State Zip Code	Transaction ID : SA11AI.9482
	Garner	NC 27529	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	40.00
	Name of Employer	Occupation	Biweekly Payroll Deduction
	Omnicare, Inc.	RSA Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
C.	Full Name (Last, First, Middle Initial) Ross Brickley		Date of Receipt
	Mailing Address 5408 Quetzel Ct.		06 22 2012 _
	City	State Zip Code	Transaction ID : SA11AI.9365
	Garner	NC 27529	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer	Occupation	Biweekly Payroll Deduction
	Omnicare, Inc.	RSA Director	

Aggregate Year-to-Date ▼

120.00

Receipt For:

Primary

Other (specify)

General

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

FOR LINE NUMBER: PAGE 11 OF 62 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) Timothy J Canning Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 04 2012 27 City Zip Code State Transaction ID: SA11AI.9013 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation СМО Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Timothy J Canning Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 05 2012 11 City State Zip Code Transaction ID: SA11AI.9126 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. СМО Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy J Canning Date of Receipt Mailing Address 201 E Fourth Street 05 25 2012 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9248 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation СМО Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE NUMBER: PAGE 12 C	)F 62
Use separate schedule(s) for each category of the	(check only one)	
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) Timothy J Canning Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 08 2012 City Zip Code State Transaction ID: SA11AI.9484 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation СМО Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Timothy J Canning Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 06 22 2012 City State Zip Code Transaction ID: SA11AI.9367 OH 45202 Cincinnati Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. СМО Receipt For: Aggregate Year-to-Date ▼

700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Randall Carpenter Date of Receipt Mailing Address 201 E Fourth Street 04 13 2012 900 Omnicare Center City State Zip Code Transaction ID: SA11AI.8900 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation CIO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify)

300.00

Primary

General

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

	FOF	R LINE	NU	<b>MBER</b>	PAGE	1	13 O	F	62			
Use separate schedule(s)	(che	neck only one)										
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) Randall Carpenter Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 04 2012 27 City State Zip Code Transaction ID: SA11AI.9015 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation CIO Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Randall Carpenter Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 05 2012 11 City State Zip Code Transaction ID: SA11AI.9128 OH 45202 Cincinnati Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Randall Carpenter Date of Receipt

Mailing Address 201 E Fourth Street 25 05 2012 900 Omnicare Center City State Zip Code Transaction ID: SA11AI.9250 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation CIO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General

1100.00

Other (specify)

FOR LINE NUMBER: PAGE 14 OF 62 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) Randall Carpenter Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 08 2012 City Zip Code State Transaction ID: SA11AI.9486 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation CIO Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Randall Carpenter Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 06 22 2012 City State Zip Code Transaction ID: SA11AI.9369 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 04 13 2012 City State Zip Code Transaction ID: SA11AI.8905 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation VP OF OPERATIONS FINANCE OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 15 OF 62 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 04 2012 27 City Zip Code State Transaction ID: SA11AI.9020 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) B. ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 05 2012 11 City State Zip Code Transaction ID: SA11AI.9135 **CINCINNATI** OH 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 05 25 2012 City State Zip Code Transaction ID: SA11AI.9256 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation VP OF OPERATIONS FINANCE OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	MBER	:	PAGE	16 OF	=	62
Use separate schedule(s)	(che	ck only	or	ne)					
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) ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 08 2012 City Zip Code State Transaction ID: SA11AI.9492 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 06 22 2012 City State Zip Code Transaction ID: SA11AI.9375 CINCINNATI OH 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Brian Egan Date of Receipt Mailing Address 201 E Fourth Street 05 25 2012 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9257 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation

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TOTAL This Period (last page this line number only)		7			7		I	_		

220.00

Pharmacist

Aggregate Year-to-Date ▼

Omnicare, Inc. Receipt For:

Primary

Other (specify)

General

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 17 OF 62 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 Sta or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action C	ommittee	
Omnicare, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Omnicoro Inc	State Zip Code OH 45202  C  Occupation Pharmacist  Aggregate Year-to-Date ▼  260.00	Date of Receipt  06 22 2012  Transaction ID : SA11AI.9376  Amount of Each Receipt this Period  20.00  Biweekly Payroll Deduction
' '	State Zip Code OH 45202  C  Occupation SVP, Clinical Services  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M / P P / 2012  Transaction ID : SA11AI.9022  Amount of Each Receipt this Period  100.00  Biweekly Payroll Deduction
SUBTOTAL of Receipts This Page (optional)		140.00
TOTAL This Period (last page this line number on	nly)	

FOR LINE NUMBER: PAGE 18 OF 62 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) W G Erwin Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 2012 City Zip Code State Transaction ID: SA11AI.9137 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation SVP, Clinical Services Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. WG Erwin Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 05 25 2012 City State Zip Code Transaction ID: SA11AI.9258 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. SVP, Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) W G Erwin Date of Receipt Mailing Address 201 E Fourth Street 80 06 2012 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9494 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation SVP, Clinical Services Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	IMBER	:	PAGE	•	19 OI	F	62
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

	the name and address of any political committee	
NAME OF COMMITTEE (In Full)	0	
Omnicare, Inc. Political Action	on Committee	
Full Name (Last, First, Middle Initial)  A. W G Erwin		Date of Receipt
Mailing Address 201 E Fourth Street 900 Omnicare Center		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City 900 Omnicare Center	State Zip Code	06 22 2012 Transaction ID : SA11AI.9377
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare, Inc. Receipt For:	SVP, Clinical Services	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	700.00	
Full Name (Last, First, Middle Initial)  MELINDA FERRIS	•	Date of Receipt
Mailing Address 2036 BERKSHIRE RD		06 08 2012 _
City	State Zip Code	Transaction ID : SA11AI.9497
COLUMBUS	OH 43221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	Biweekly Payroll Deduction
OMNICARE INC	PHARMACIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
Full Name (Last, First, Middle Initial)	-	Date of Receipt
Mailing Address 2036 BERKSHIRE RD		06 22 2012
City	State Zip Code	Transaction ID : SA11AI.9380
COLUMBUS	OH 43221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	Biweekly Payroll Deduction
OMNICARE INC	PHARMACIST	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	280.00	
SUBTOTAL of Receipts This Page (optional	)	180.00
	<u> </u>	
TOTAL This Period (last page this line numl	per only)	

	FOR LINE NUMBER:   PAGE 2	20 OF 62
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c	12
	13 14 15	16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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 2012 13 City State Zip Code Transaction ID: SA11AI.8911 OH Cincinnati 45243 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation CEO Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Figueroa Date of Receipt Mailing Address 8386 Kugler Mill Road 04 2012 27 City Zip Code State Transaction ID: SA11AI.9026 Cincinnati OH 45243 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify)

Full Name (Last, First, Middle Initial)  John Figueroa		Date of Receipt
Mailing Address 8386 Kugler Mill Road		05 11 2012 _
City	State Zip Code	Transaction ID : SA11AI.9141
Cincinnati	OH 45243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	

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		13		14		15		16		117

	and Statements may not be sold or used by any per ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Act	ion Committee	
Full Name (Last, First, Middle Initial) John Figueroa  Mailing Address 8386 Kugler Mill Road		Date of Receipt
		05 25 2012
City	State Zip Code	Transaction ID : SA11AI.9262
Cincinnati	OH 45243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) John Figueroa	,	Date of Receipt
Mailing Address 8386 Kugler Mill Road		M M / D D / Y Y Y Y
City	State Zip Code	06 08 2012 Transaction ID : \$41141 0409
Cincinnati	OH 45243	Transaction ID : SA11AI.9498  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial)  Ivan L Gordon	I	Date of Receipt
Mailing Address 201 E Fourth Street 900 Omnicare Center		05 25 2012
City	State Zip Code	Transaction ID : SA11AI.9270
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare, Inc.	Pharmacist	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)	220.00	
SUBTOTAL of Receipts This Page (option	al)	220.00
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OTAL This Period (last page this line nur	noer only)	

FOR LINE NUMBER: PAGE 22 OF 62 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) Ivan L Gordon Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 2012 08 City Zip Code State Transaction ID: SA11AI.9505 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Omnicare. Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ivan L Gordon Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 06 22 2012 City State Zip Code Transaction ID: SA11AI.9387 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Gould Date of Receipt Mailing Address 201 E Fourth Street 04 13 2012 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.8920 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation CFO - LTC Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 23 OF 62 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) John Gould Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 04 2012 27 City Zip Code State Transaction ID: SA11AI.9035 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation CFO - LTC Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Gould Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 05 2012 11 City State Zip Code Transaction ID: SA11AI.9150 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. CFO - LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Gould Date of Receipt Mailing Address 201 E Fourth Street 05 25 2012 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9271 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation CFO - LTC Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

	e name and address of any political committee to	
Omnicare, Inc. Political Action	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)   Full Name (Last, First, Middle Initial)	State Zip Code OH 45202  C  Occupation CFO - LTC  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M / D B / 2012  Transaction ID : SA11AI.9506  Amount of Each Receipt this Period  100.00  Biweekly Payroll Deduction
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 ▼  1100.00	Date of Receipt  06 22 2012  Transaction ID: SA11AI.9388  Amount of Each Receipt this Period  100.00  Biweekly Payroll Deduction
Full Name (Last, First, Middle Initial)  Terry Harris  Mailing Address 5649 Autumn Chase Circle  City Sanford  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 32773  C  Occupation Sr. Director - Ops  Aggregate Year-to-Date ▼  240.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)		240.00
TOTAL This Period (last page this line number	only)	

Omnicare, Inc.

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Use separate schedule(s) for each category of the	(che	ck only	or or	ne)					
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) Terry Harris Date of Receipt Mailing Address 5649 Autumn Chase Circle 2012 City State Zip Code Transaction ID: SA11AI.9390 FL Sanford 32773 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Sr. Director - Ops Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Hal O Henderson Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 04 13 2012 City State Zip Code Transaction ID: SA11AI.8924 Cincinnati OH 45202 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation

Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Hal O Henderson  Mailing Address 201 E Fourth Street 900 Omnicare Center  City Cincinnati	State Zip Code OH 45202	Date of Receipt  04 27 2012  Transaction ID : SA11AI.9039  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	50.00  Biweekly Payroll Deduction
Omnicare, Inc.  Receipt For:  Primary General  Other (specify)	Pharmacist  Aggregate Year-to-Date ▼  450.00	
		140.00

Pharmacist

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

FOR LINE NUMBER: PAGE 26 OF 62 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) Hal O Henderson Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 2012 City Zip Code State Transaction ID: SA11AI.9154 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Biweekly Payroll Deduction 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) B. Hal O Henderson Date of Receipt Mailing Address 201 E Fourth Street 900 Omnicare Center 05 25 2012 City State Zip Code Transaction ID: SA11AI.9275 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) c. Hal O Henderson Date of Receipt Mailing Address 201 E Fourth Street 80 06 2012 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9510 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation **Pharmacist** Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

Hal O Henderson

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code

Transaction ID: SA11AI.9392

900 Omnicare Center		06 22 2012
City	State Zip Code	Transaction ID : SA11AI.9392
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Omnicare, Inc.	Occupation Pharmacist	Biweekly Payroll Deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial)  Richard Hood  Mailing Address 3440 Brian Rd. South		Date of Receipt
City Palm Harbor	State Zip Code FL 34685	04 27 2012  Transaction ID : SA11AI.9041  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Omnicare, Inc.	Occupation DCO	Biweekly Payroll Deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  C. Richard Hood		Date of Receipt
Mailing Address 3440 Brian Rd. South		05 11 2012
City Palm Harbor	State Zip Code FL 34685	Transaction ID : SA11AI.9156  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare, Inc. Receipt For:	DCO Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 28 OF 62 Use separate schedule(s) (check only one)

Date of Receipt   Date of R	12								
Any information and from an 1-5	Jonatha and Otatement							16	17
Omnicare, Inc. Politica	al Action Committe	ee							
	tial)		Dat	te of	Red	ceipt			
Mailing Address 3440 Brian Rd. S	South				/		/ Y	2012	Y
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Palm Harbor	FL	34685	Am	ount	of I	Each Re	eceipt th	is Period	l
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Name of Employer	Occupation		Biwe	eekly	Pay	yroll Ded	duction		
	DCO								
	Aggregate	Year-to-Date ▼							
		500.00							
	itial)		Dat	te of	Red	ceipt			
Mailing Address 3440 Brian Rd. S	South		M	- M	/	D   D	/ Y	2012	Y
City	State	Zip Code	Tr	ansa	ctio		SA11AI.		
Palm Harbor	FL	34685	Am	ount	of I	Each Re	eceipt th	is Period	l
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Name of Employer	Occupation		Biwe	ekly I	Pay	roll Dec	luction		
Omnicare, Inc.	DCO								
	Aggregate	Year-to-Date ▼							
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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) Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 04 27 2012 City State Zip Code Transaction ID: SA11AI.9045 02038 MA Franklin Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation VP, Pharmacy Operations-LTC Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼

Primary General  Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Paul J Jacques  Mailing Address 23 Winterberry Dr.  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)	State Zip Code MA 02038  C  Occupation VP, Pharmacy Operations-LTC  Aggregate Year-to-Date ▼  400.00	Date of Receipt  05 11 2012  Transaction ID : SA11AI.9160  Amount of Each Receipt this Period  100.00  Biweekly Payroll Deduction
Full Name (Last, First, Middle Initial) Paul J Jacques Mailing Address 23 Winterberry Dr.		Date of Receipt  05 25 2012
City	State Zip Code	Transaction ID : SA11AI.9281

MA Franklin 02038 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation VP, Pharmacy Operations-LTC Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

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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) Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 2012 08 City State Zip Code Transaction ID: SA11AI.9516 MA Franklin 02038 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation VP, Pharmacy Operations-LTC Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 06 22 2012 City State Zip Code Transaction ID: SA11AI.9398 MA Franklin 02038 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations-LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Andrew H Kowal Date of Receipt Mailing Address 153 R Pomeroy Meadow Road 04 13 2012 City State Zip Code Transaction ID: SA11AI.8936 MA Southampton 01073 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation **Pharmacist** Omnicare, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full)		
angle Omnicare, Inc. Political Action (	Committee	
Full Name (Last, First, Middle Initial) Andrew H Kowal		Date of Receipt
Mailing Address 153 R Pomeroy Meadow Road		04 27 2012
City	State Zip Code	Transaction ID : SA11AI.9051
Southampton	MA 01073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare, Inc	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	270.00	
Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  3. Andrew H Kowal		Date of Receipt
Mailing Address 153 R Pomeroy Meadow Road		M = M / D = D / Y = Y = Y
City	State Zip Code	05 11 2012
Southampton	MA 01073	Transaction ID : SA11AI.9166  Amount of Each Receipt this Period
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FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare, Inc	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  280.00	
Full Name (Last, First, Middle Initial)  C. Andrew H Kowal		Date of Receipt
Mailing Address 153 R Pomeroy Meadow Road		05 25 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.9287
Southampton	MA 01073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare, Inc	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	290.00	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Andrew H Kowal Date of Receipt Mailing Address 153 R Pomeroy Meadow Road 08 2012 City Zip Code State Transaction ID: SA11AI.9522 MA Southampton 01073 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Pharmacist Omnicare. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew H Kowal Date of Receipt Mailing Address 153 R Pomeroy Meadow Road 06 22 2012 City State Zip Code Transaction ID: SA11AI.9404 Southampton MA 01073 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 310.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 04 13 2012 City Zip Code State Transaction ID: SA11AI.8937 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation CFO Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify)

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NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	n Committee	
Full Name (Last, First, Middle Initial) Robert Kraft		Date of Receipt
Mailing Address 233 Burns Ave		04 27 2012
City	State Zip Code	Transaction ID : SA11AI.9052
Cincinnati	OH 45215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-Date ¥	
Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial)  Robert Kraft		Date of Receipt
Mailing Address 233 Burns Ave		05 11 _2012 _
City	State Zip Code	Transaction ID : SA11AI.9167
Cincinnati	OH 45215	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	100.00
·	Occupation	Biweekly Payroll Deduction
Name of Employer Omnicare	Occupation	
	CFO	_
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial)  Robert Kraft		Date of Receipt
Mailing Address 233 Burns Ave		05 25 2012
City	State Zip Code	Transaction ID : SA11AI.9288
Cincinnati	OH 45215	Amount of Each Receipt this Period
FEC ID number of contributing		Tancan of East Hoodpt and Follow
federal political committee.	C	100.00  Biweekly Payroll Deduction
Name of Employer	Occupation	Diweekly Fayloli Deduction
Omnicare	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
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Primary General		
Primary General Other (specify) ▼	1100.00	
		300.00

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 08 2012 City State Zip Code Transaction ID: SA11AI.9523 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 06 2012 22 City State Zip Code Transaction ID: SA11AI.9405 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donna M Lecky Date of Receipt Mailing Address 8241 Asbury Lane 2012 04 13 City State Zip Code Transaction ID: SA11AI.8940 OH Cincinnati 45243 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Treasurer Omnicare, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Omnicare, Inc. Political Action	he name and address of any political committee to	
Full Name (Last, First, Middle Initial)  Donna M Lecky  Mailing Address 8241 Asbury Lane  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 45243  C  Occupation Treasurer  Aggregate Year-to-Date ▼  360.00	Date of Receipt  04 27 2012  Transaction ID: SA11AI.9055  Amount of Each Receipt this Period  40.00  Biweekly Payroll Deduction
Full Name (Last, First, Middle Initial)  Donna M Lecky  Mailing Address 8241 Asbury Lane  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc  Receipt For: Primary Other (specify)	State Zip Code OH 45243  C  Occupation Treasurer  Aggregate Year-to-Date ▼  400.00	Date of Receipt    Mark
Full Name (Last, First, Middle Initial)  Donna M Lecky  Mailing Address 8241 Asbury Lane  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc Receipt For: Primary Other (specify)	State Zip Code OH 45243  C  Occupation Treasurer  Aggregate Year-to-Date ▼  440.00	Date of Receipt  05 25 2012  Transaction ID : SA11AI.9292  Amount of Each Receipt this Period  40.00  Biweekly Payroll Deduction
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<u> </u>	120.00

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Donna M Lecky Date of Receipt Mailing Address 8241 Asbury Lane 08 2012 City State Zip Code Transaction ID: SA11AI.9527 OH Cincinnati 45243 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Omnicare. Inc Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna M Lecky Date of Receipt Mailing Address 8241 Asbury Lane 06 2012 22 City State Zip Code Transaction ID: SA11AI.9409 OH 45243 Cincinnati Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) c. DALE LEWIS Date of Receipt

Mailing Address 117 PLUM POPPY NORTH 25 2012 05 City State Zip Code Transaction ID: SA11AI.9294 NY MALTA 12020 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation **PHARMACIST** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify)

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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) DALE LEWIS Date of Receipt Mailing Address 117 PLUM POPPY NORTH 08 2012 City Zip Code State Transaction ID: SA11AI.9529 NY MALTA 12020 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. DALE LEWIS Date of Receipt Mailing Address 117 PLUM POPPY NORTH 06 22 2012 City State Zip Code Transaction ID: SA11AI.9411 NY MALTA 12020 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy M Losben Date of Receipt Mailing Address 201 E Fourth Street 05 25 2012 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.9296 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation **SVP Clinical Serv** Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify)

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Omnicare, Inc. Political Action	ne name and address of any political committee  Committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Nancy M Losben  Mailing Address 201 E Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)   General	State Zip Code OH 45202  C  Occupation SVP Clinical Serv  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Nancy M Losben  Mailing Address 201 E Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary Other (specify)	State Zip Code OH 45202  C  Occupation SVP Clinical Serv  Aggregate Year-to-Date ▼  260.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Dr. Richard J Raczka  Mailing Address 5770 Beachwood Trail  City Fort Meyers  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare  Receipt For:  Primary  Other (specify)   General	State Zip Code FL 33919  C  Occupation Pharmacist  Aggregate Year-to-Date ▼  320.00	Date of Receipt  04 13 2012  Transaction ID: SA11AI.8957  Amount of Each Receipt this Period  40.00  Biweekly Payroll Deduction
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	80.00

Name of Employer

Omnicare

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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**Biweekly Payroll Deduction** 

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Full Name (Last, First, Middle Initial) Dr. Richard J Raczka  Mailing Address 5770 Beachwood Trail		Date of Receipt  05 25 2012
City Fort Meyers	State Zip Code FL 33919	Transaction ID : SA11AI.9309  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00 Biweekly Payroll Deduction
Name of Employer	Occupation	Diweckly Faylon Deduction
Omnicare	Pharmacist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 440.00	

Occupation

Pharmacist

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520.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Schleigh Date of Receipt Mailing Address 201 E Fourth Street 2012 04 13 900 Omnicare Center City State Zip Code Transaction ID: SA11AI.8962 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation RVP Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify)

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NAME OF COMMITTEE (In Full)		
Omnicare, Inc. Political Action	n Committee	
Full Name (Last, First, Middle Initial)  1. Thomas Schleigh		Date of Receipt
Mailing Address 201 E Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	Otata 7 O I	04 27 2012
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.9077
	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare, Inc.	RVP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial)  Thomas Schleigh		Date of Receipt
Mailing Address 201 E Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		05 25 2012
City	State Zip Code	Transaction ID : SA11AI.9314
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing	С	40.00
federal political committee.		7 7 7
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare, Inc.	RVP	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	400.00	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  C. Thomas Schleigh		Date of Receipt
Mailing Address 201 E Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	06 08 2012
Cincinnati	OH 45202	Transaction ID : SA11AI.9549  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	Biweekly Payroll Deduction
Omnicare, Inc.	RVP	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	440.00	
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

$\mathbb{Z}$			
Α.	Full Name (Last, First, Middle Initial) Thomas Schleigh		Date of Receipt
	Mailing Address 201 E Fourth Street 900 Omnicare Center		06 22 2012
	City	State Zip Code	Transaction ID : SA11AI.9433
	Cincinnati	OH 45202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer	Occupation	Biweekly Payroll Deduction
	Omnicare, Inc.	RVP	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
— В.	Full Name (Last, First, Middle Initial) Rolf Schrader	Date of Receipt	
	Mailing Address 4140 North Moor Rd		06 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : SA11AI.9550
	Toledo	OH 43606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer	Occupation	Biweekly Payroll Deduction
	Omnicare, Inc.	Pharmacist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
С.	Full Name (Last, First, Middle Initial) Rolf Schrader		Date of Receipt
	Mailing Address 4140 North Moor Rd		06 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : SA11AI.9434
	Toledo	OH 43606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00  Biweekly Payroll Deduction
	Name of Employer	Occupation	Biweekly Payroll Deduction
	Omnicare, Inc.	Pharmacist	
	Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼  280.00	
H	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		120.00
	The state of the s	- 7,	

		LINE	NU	MBER	:	PAGE 43 OF				62
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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

Omnicare, Inc. Political Action	on Committee	
Full Name (Last, First, Middle Initial) JEFFREY M STAMPS		Date of Receipt
Mailing Address 5132 Cedar Brook Ct		04 27 2012
City	State Zip Code	Transaction ID : SA11AI.9083
SPRINGBORO	OH 45066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
OMNICARE	EVP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) JEFFREY M STAMPS		Date of Receipt
Mailing Address 5132 Cedar Brook Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	05 11 2012 Transaction ID : SA11AI.9201
SPRINGBORO	OH 45066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer OMNICARE	Occupation	Biweekly Payroll Deduction
	EVP	4
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) JEFFREY M STAMPS		Data of Receipt
Mailing Address 5132 Cedar Brook Ct		Date of Receipt
		05 25 2012
City SPRINGBORO	State Zip Code OH 45066	Transaction ID : SA11AI.9320  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Biweekly Payroll Deduction
OMNICARE	EVP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	5.5	
Other (specify) ▼	500.00	

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 44 OF 62 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action C	Committee	
Full Name (Last, First, Middle Initial)  JEFFREY M STAMPS  Mailing Address 5132 Cedar Brook Ct  City  SPRINGBORO  FEC ID number of contributing federal political committee.  Name of Employer  OMNICARE  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 45066  C  Occupation EVP  Aggregate Year-to-Date ▼  600.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  JEFFREY M STAMPS  Mailing Address 5132 Cedar Brook Ct  City  SPRINGBORO  FEC ID number of contributing federal political committee.  Name of Employer  OMNICARE  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 45066  C  Occupation  EVP  Aggregate Year-to-Date ▼	Date of Receipt    M M
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 ▼  640.00	Date of Receipt  04 13 2012  Transaction ID: SA11AI.8969  Amount of Each Receipt this Period  80.00  Biweekly Payroll Deduction
SUBTOTAL of Receipts This Page (optional)	·····	280.00
TOTAL This Period (last page this line number of	nly)	

	FOR LINE NUMBER: PAGE 45 OF	62
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 11c 12	
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee	
Omnicare, Inc. Political Actio	n Committee	
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 ▼  560.00	Date of Receipt  04 13 2012  Transaction ID : SA11AI.8970  Amount of Each Receipt this Period  -80.00  Biweekly Payroll Deduction
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 ▼  640.00	Date of Receipt  04 13 2012  Transaction ID : SA11AI.8971  Amount of Each Receipt this Period  80.00  Biweekly Payroll Deduction
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  04 27 2012  Transaction ID : SA11AI.9084  Amount of Each Receipt this Period  80.00  Biweekly Payroll Deduction
SUBTOTAL of Receipts This Page (optional)		80.00
TOTAL This Period (last page this line numb	per only)	

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	the name and address of any political committee	
Omnicare, Inc. Political Actio	n Committee	
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    M
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 ▼  880.00	Date of Receipt  05
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 ▼  960.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)		240.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 47 OF 62 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 22 City Zip Code State Transaction ID: SA11AI.9440 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation SVP - HR Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1040.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBIN TAYLOR Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 05 25 2012 City State Zip Code Transaction ID: SA11AI.9326 **INDIANAPOLIS** IN 46237 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation **OMNICARE INC PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBIN TAYLOR Date of Receipt Mailing Address 4520 MOSS RIDGE LANE 80 06 2012 City Zip Code State Transaction ID: SA11AI.9561 IN **INDIANAPOLIS** 46237 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation **PHARMACIST** OMNICARE INC 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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SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 49 OF 62 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

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 City State Zip Code Transaction ID: SA11AI.9450 PΑ Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Pharmacist Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 04 2012 27 City State Zip Code Transaction ID: SA11AI.9096 **OSCEOLA** IN 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation OMNICARE, INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. THOMAS TUCKER Date of Receipt Mailing Address 11201 RIVER OAKS LN W 05 11 2012 City Zip Code State Transaction ID: SA11AI.9214 IN **OSCEOLA** 46561 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation **PHARMACIST** OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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

# SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Co	ommittee	
Name of Employer  OMNICARE, INC  Perceint For:	State Zip Code IN 46561  C Decupation PHARMACIST Aggregate Year-to-Date ▼	Date of Receipt    M
Name of Employer OMNICARE, INC  Receipt For:	State Zip Code IN 46561  C  Decupation HARMACIST  Aggregate Year-to-Date ▼  300.00	Date of Receipt  06 08 2012  Transaction ID : SA11AI.9568  Amount of Each Receipt this Period  25.00  Biweekly Payroll Deduction
Name of Employer  OMNICARE, INC  Page int For:	State Zip Code IN 46561  C  Decupation PHARMACIST Aggregate Year-to-Date ▼  325.00	Date of Receipt  M M M / 22 2012  Transaction ID : SA11AI.9452  Amount of Each Receipt this Period  25.00  Biweekly Payroll Deduction
SUBTOTAL of Receipts This Page (optional)		75.00
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	Statements may not be sold or used by any pers re name and address of any political committee to	
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action		
Full Name (Last, First, Middle Initial)  A. Robert Weir  Mailing Address 4100 Napanee Road		Date of Receipt
City	State Zip Code	05 25 2012 Transaction ID : SA11AI.9339
Louisville  FEC ID number of contributing federal political committee.	KY 40207	Amount of Each Receipt this Period 20.00
Name of Employer  Omnicare  Receipt For:  Primary General  Other (specify) ▼	Occupation Pharmacist  Aggregate Year-to-Date ▼  220.00	Biweekly Payroll Deduction
Full Name (Last, First, Middle Initial)  Robert Weir  Mailing Address 4100 Napanee Road	,	Date of Receipt
City Louisville FEC ID number of contributing	State Zip Code KY 40207	Transaction ID : SA11AI.9574  Amount of Each Receipt this Period
federal political committee.  Name of Employer Omnicare  Receipt For:  Primary General Other (specify) ▼	Occupation Pharmacist  Aggregate Year-to-Date ▼  240.00	Biweekly Payroll Deduction
Full Name (Last, First, Middle Initial)  C. Robert Weir  Mailing Address 4100 Napanee Road		Date of Receipt
City Louisville	State Zip Code KY 40207	06 22 2012  Transaction ID : SA11AI.9458  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer  Omnicare  Receipt For:  Primary  General	Occupation Pharmacist  Aggregate Year-to-Date ▼	Biweekly Payroll Deduction
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	260.00	60.00
TOTAL This Period (last page this line numbe	r only)	

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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. 04 2012 City State Zip Code Transaction ID: SA11AI.8997 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation CEO Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 04 2012 27 City State Zip Code Transaction ID: SA11AI.9110 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 05 11 2012 City State Zip Code Transaction ID: SA11AI.9230 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation CEO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼

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1250.00

Primary

Other (specify)

General

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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. 2012 25 City State Zip Code Transaction ID: SA11AI.9348 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1375.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 06 80 2012 City State Zip Code Transaction ID: SA11AI.9583 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 06 22 2012 City State Zip Code Transaction ID: SA11AI.9467 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Biweekly Payroll Deduction Name of Employer Occupation CEO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1625.00 Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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) Barbara J Zarowitz Date of Receipt Mailing Address 4551 Old Orchard Trail 2012 08 City Zip Code State Transaction ID: SA11AI.9586 Orchard Lake MI 48324 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Biweekly Payroll Deduction Name of Employer Occupation Chief Clinical Officer Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara J Zarowitz Date of Receipt Mailing Address 4551 Old Orchard Trail 06 22 2012 City State Zip Code Transaction ID: SA11AI.9470 Orchard Lake MI 48324 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. **Biweekly Payroll Deduction** Name of Employer Occupation Omnicare, Inc. Chief Clinical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... 10335.00 TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial)  Omnicare, Inc. Political Action Comr	nittee	Date of Receipt
Mailing Address 900 Omnicare Center 201 E Fourth Street		06 30 2012
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA15.9612  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00392886	476.34
Name of Employer	Occupation	Bank Fees
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 476.34	
Full Name (Last, First, Middle Initial)		Date of Receipt
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City	State Zip Code	Amount of Each Receipt this Period
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Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
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Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	·····	476.34
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			Summary Page	21b		X 23	24	25	26
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K,	NAME OF COMMITTEE (In Full)		. 130 C. Griy pointe	55.111111100 10	3001. 00111		04011		
$ \rangle$	Omnicare, Inc. Political Action Con	nmittee							
V	Chimicale, inc. 1 ontical Action Col								
_	Full Name (Last, First, Middle Initial)								
Α.	<b>BOB CORKER FOR SENATE 2012</b>	2			Date of I	Disburseme	ent		
	Mailing Address 4040 040T AVENUE OOLITU				M M	/ D D		Y Y	Υ
	Mailing Address 1910 21ST AVENUE SOUTH				04	03	ئسا ا	2012	
	City	State	Zip Code				ND05 5== :		
		TN	37212		Transa	ction ID : S	5B23.9593	3	
	Purpose of Disbursement								
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	Candidate Name	<b>.</b>		Category/				1000	0.00
	BOB CORKER FOR SENATE 2012 Office Sought: House Disbursem			Туре		7	7	- 300	
		Primary	General						
		Other (spe							
	State: TN District: 00	(000	<i>37</i> <b>▼</b>						
_	Full Name (Last, First, Middle Initial)								
В.	DAVE CAMP FOR CONGRESS				Date of I	Disburseme	ent		
					M = M	/ D D	/ Y	Y	Υ
	Mailing Address 5915 EASTMAN AVENUE SUITE 100				04	27	نـــا ا	2012	
		State	Zip Code		Transa	ction ID : S	SB23.9592	2	
	MIDLAND Purpose of Disbursement	MI	48640						
	. a.pasa or biobarooment			011	Amount	of Each Di	sbursemei	nt this I	Period
	Candidate Name			Category/				-	
	DAVE CAMP FOR CONGRESS			Type		7		1000	0.00
	Office Sought: House Disbursem	nent For:							
		Primary	General						
		Other (spe	cify) 🔻						
_	State: MI District: 04								
C	Full Name (Last, First, Middle Initial)				Date of I	Disburseme	ent		
٥.	FRIENDS OF MAX BAUCUS				M M	/ D D		Y	V
	Mailing Address PO BOX 586				06	21		2012	
		State	Zip Code		Transa	ction ID : S	SB23.9603	3	
	Purpose of Disbursement	MT	59624						
	ו מוףטפר טו טופטעופלווופוונ			011	A	4 Fact 5:	obure - ···	ا -!حلف هم	اد داده
	Candidate Name				Amount (	of Each Di	soursemei	it (MIS I	renod
	FRIENDS OF MAX BAUCUS			Category/ Type				2500	0.00
	Office Sought: House Disbursem	nent For:				7	7		
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\	arne and address of any por	nicai committee to	Solicit contributions fro	m such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Co	ommittee			
Full Name (Last, First, Middle Initial)				
A. FRIENDS OF NAN HAYWORTH			Date of Disbursemen	nt
Mailing Address P.O. BOX 188			06 / 13	2012
City	State Zip Code			
CARMEL	NY 10512		Transaction ID : SI	323.9602
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FRIENDS OF NAN HAYWORTH		Type		1000.00
Office Sought:    House   Disburs	ement For:  Primary General Other (specify) ▼			
State: NY District: 19	_			
Full Name (Last, First, Middle Initial)  B. GUTHRIE FOR CONGRESS			Date of Disbursemer	nt
COTTINIE FOR CONCRESC			M M / D D	/ Y Y Y Y Y Y
Mailing Address PO BOX 9639			04 03	2012
City BOWLING GREEN	State Zip Code KY 42102		Transaction ID : S	B23.9588
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GUTHRIE FOR CONGRESS		Category/		1000.00
	ement For:	Туре	7	7
Senate	Primary General			
President	Other (specify) ▼			
State: KY District: 02	·			
Full Name (Last, First, Middle Initial)			Date of Disbursemer	
C. GUTHRIE FOR CONGRESS				
Mailing Address PO BOX 9639			06 14	2012
City	State Zip Code			
BOWLING GREEN	KY 42102		Transaction ID : SI	B23.9611
Purpose of Disbursement				
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Omnicare, Inc. Political Action Co	ommittee									
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A. MURPHY FOR CONGRESS CO	MMITTEE		Date of Disburseme							
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g 300 NET CHOET OF ONE			00 2012							
City	State Zip Code		Transaction ID : S	SB23 9591						
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	ement For:	71 -	,							
Senate	Primary General									
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Full Name (Last, First, Middle Initial)  B. PAT ROBERTS VICTORY COMM	MITTEE THE		Date of Disburseme	ent						
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Mailing Address 610 S. BOULEVARD			06 18	2012						
City	State Zip Code FL 33606		Transaction ID : S	SB23.9610						
TAMPA Purpose of Disbursement	FL 33606									
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PAT ROBERTS VICTORY COMM	•	Type		1000.00						
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Full Name (Last, First, Middle Initial)										
C. PORT PAC			Date of Disburseme	ent						
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Mailing Address 900 19th St, NW			04 05	2012						
8th Floor City	State Zip Code		_							
Washington	DC 20006		Transaction ID : S	SB23.9590						
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Mailing Address P.O. BOX 425			05 17	2012
City S ROSWELL	State Zip Code GA 30077		Transaction ID :	SB23.9599
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Senate   President	Primary General Other (specify) ▼			
State: GA District: 06	Other (specify)			
Full Name (Last, First, Middle Initial)				
SCHOCK FOR CONGRESS			Date of Disbursem	ent
Mailing Address PO BOX 10555			06 29	2012
•	State Zip Code		Transaction ID :	SB23.9607
PEORIA Purpose of Disbursement	IL 61612			
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	Primary General			
	Other (specify) ▼			
State: IL District: 18  Full Name (Last, First, Middle Initial)				
C. VOLUNTEERS FOR SHIMKUS			Date of Disbursem	_
Mailing Address PO BOX 661			06 29	2012
City	State Zip Code		Transaction ID :	SD22 0606
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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 contribut or for commercial purposes, other than using the name and address of any potitical contributions from such committee.  NAME OF COMMITTEE (In Full)  Omnicare, Inc. Political Action Committee  Full Name (Last, First, Middle Initial)  A. WALDEN FOR CONGRESS  Mailing Address PO BOX 1091  City State Zip Code HOOD RIVER OR 97031  Purpose of Disbursement  Candidate Name  WALDEN FOR CONGRESS  Other (specify) Type  Transaction ID: \$823.9596  Amount of Each Disbursement this Formany General State: OR District: 02  Full Name (Last, First, Middle Initial)  B. Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General State: District: Order (specify) Type  Office Sought: Senate Disbursement For: Senate Primary General State: District: Order (specify) Type  Office Sought: Senate Disbursement For: Senate Primary General State: District: Order (specify) Type  Office Sought: Senate Disbursement For: Senate Primary General State: District: Other (specify) Type  Office Sought: Amount of Each Disbursement this Formany General State: District: District: Other (specify) Type  Office Sought: Amount of Each Disbursement this Formany General State: District: District: Amount of Each Disbursement Type  Full Name (Last, First, Middle Initial)  C. Category/ Type  Amount of Each Disbursement this Formany General State: Disbursement Type  Amount of Each Disbursement this Formany General State: District: Amount of Each Disbursement Type  Amount of Each Disbursement Type  Amount of Each Disbursement this Formany Type			ie   Ll'					30
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Office Sought: House Disbursement For:								
Consts			.1					
Senate Primary General President Other (specify) ▼		,	И					
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SUBTOTAL of Disbursements This Page (optional)	JBTOTAL of Disbursements This Page (optional)						1500.0	00
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TOTAL This Period (last page this line number only)	OTAL This Period (last page this line number only)						15000.0	00