

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Omnicare, Inc. Political Action Committee

ADDRESS (number and street)

900 Omnicare Center

201 E Fourth Street

☐ Check if different than previously reported. (ACC)

Cincinnati

OH

45202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00392886

3. IS THIS REPORT

NEW (N)

OR

☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☒ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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

Type or Print Name of Treasurer Regis T Robbins

Signature of Treasurer

Regis T Robbins

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

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

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Omnicare, Inc. Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		30143.20
(b) Cash on Hand at Beginning of Reporting Period.....	36294.69	
(c) Total Receipts (from Line 19)	18850.74	39002.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	55145.43	69145.43
7. Total Disbursements (from Line 31)	15000.00	29000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40145.43	40145.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Omnicare, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10335.00	22330.01
(ii) Unitemized	8039.40	16195.88
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	18374.40	38525.89
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	18374.40	38525.89
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	476.34	476.34
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ►	18850.74	39002.23
20. Total Federal Receipts (subtract 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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	29000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15000.00	29000.00
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18374.40	38525.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18374.40	38525.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	476.34	476.34
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-476.34	-476.34

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

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

FOR LINE NUMBER: PAGE 6 OF 62
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Arnold

Mailing Address 71 Sentry Drive

City State Zip Code
Wilder KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : SA11AI.9474

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Michael Arnold

Mailing Address 71 Sentry Drive

City State Zip Code
Wilder KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.9357

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : SA11AI.8890

Amount of Each Receipt this Period

200.00

Biweekly Payroll Deduction

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

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

280.00

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

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

FOR LINE NUMBER: PAGE 7 OF 62
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9005

Amount of Each Receipt this Period

200.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9118

Amount of Each Receipt this Period

200.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9240

Amount of Each Receipt this Period

200.00

Biweekly Payroll Deduction

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 8 OF 62

(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 08 / 2012

Transaction ID : SA11AI.9476

Amount of Each Receipt this Period

200.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Paul Baldwin

Mailing Address 208 Old Mill Road

City State Zip Code
 Royersford PA 19468

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.9359

Amount of Each Receipt this Period

200.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Darold R. Barnes

Mailing Address 201 E Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 27 / 2012

Transaction ID : SA11AI.9006

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

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

440.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Darold R. Barnes

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9119

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Darold R. Barnes

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9241

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Darold R. Barnes

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9477

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 only)..... ►

120.00

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

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

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Darold R. Barnes

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Regional Service Area Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9360

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Ross Brickley

Mailing Address 5408 Quetzel Ct.

City Garner State NC Zip Code 27529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9482

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Ross Brickley

Mailing Address 5408 Quetzel Ct.

City Garner State NC Zip Code 27529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9365

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 only)..... ►

120.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 62
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy J Canning

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9013

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Timothy J Canning

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9126

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Timothy J Canning

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9248

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

300.00

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

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

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy J Canning

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9484

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Timothy J Canning

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9367

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.8900

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

300.00

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

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

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

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

NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9015

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9128

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9250

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

300.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 14 OF 62
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9486

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Randall Carpenter

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9369

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City CINCINNATI State OH Zip Code 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.8905

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : SA11AI.9020

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : SA11AI.9135

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : SA11AI.9256

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

300.00

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9492

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. ROBERT DRIES

Mailing Address 8018 MEADOWCREEK DRIVE

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9375

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Brian Egan

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9257

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

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

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

220.00

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

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Egan

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9493

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Brian Egan

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9376

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. W G Erwin

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9022

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

140.00

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

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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. W G Erwin

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9137

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. W G Erwin

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9258

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. W G Erwin

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9494

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

300.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 62

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. W G Erwin

Mailing Address 201 E Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.9377

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. MELINDA FERRIS

Mailing Address 2036 BERKSHIRE RD

City State Zip Code
 COLUMBUS OH 43221

FEC ID number of contributing
 federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012

Transaction ID : SA11AI.9497

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. MELINDA FERRIS

Mailing Address 2036 BERKSHIRE RD

City State Zip Code
 COLUMBUS OH 43221

FEC ID number of contributing
 federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.9380

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 only)..... ►

180.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.8911

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9026

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9141

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

300.00

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
 Cincinnati OH 45243

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 25 2012

Transaction ID : SA11AI.9262

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. John Figueroa

Mailing Address 8386 Kugler Mill Road

City State Zip Code
 Cincinnati OH 45243

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 08 2012

Transaction ID : SA11AI.9498

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

c. Ivan L Gordon

Mailing Address 201 E Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 25 2012

Transaction ID : SA11AI.9270

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

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

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

220.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ivan L Gordon

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9505

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Ivan L Gordon

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9387

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. John Gould

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO - LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.8920

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

140.00

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

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

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Gould

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO - LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9035

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. John Gould

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO - LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9150

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

c. John Gould

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO - LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9271

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

300.00

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

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

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Gould

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO - LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9506

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. John Gould

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO - LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

C. Terry Harris

Mailing Address 5649 Autumn Chase Circle

City State Zip Code
Sanford FL 32773

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director - Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9508

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 only)..... ►

240.00

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

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

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry Harris

Mailing Address 5649 Autumn Chase Circle

City Sanford State FL Zip Code 32773

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Director - Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9390

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Hal O Henderson

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.8924

Amount of Each Receipt this Period

50.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Hal O Henderson

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9039

Amount of Each Receipt this Period

50.00

Biweekly Payroll Deduction

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

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

140.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hal O Henderson

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9154

Amount of Each Receipt this Period

50.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Hal O Henderson

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9275

Amount of Each Receipt this Period

50.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Hal O Henderson

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9510

Amount of Each Receipt this Period

50.00

Biweekly Payroll Deduction

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hal O Henderson

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9392

Amount of Each Receipt this Period

50.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Richard Hood

Mailing Address 3440 Brian Rd. South

City Palm Harbor State FL Zip Code 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9041

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Richard Hood

Mailing Address 3440 Brian Rd. South

City Palm Harbor State FL Zip Code 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9156

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Hood

Mailing Address 3440 Brian Rd. South

City State Zip Code
Palm Harbor FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : SA11AI.9277

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Richard Hood

Mailing Address 3440 Brian Rd. South

City State Zip Code
Palm Harbor FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : SA11AI.9512

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Richard Hood

Mailing Address 3440 Brian Rd. South

City State Zip Code
Palm Harbor FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.9394

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9045

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

C. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9281

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9516

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Pharmacy Operations-LTC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9398

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.8936

Amount of Each Receipt this Period

10.00

Biweekly Payroll Deduction

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

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210.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9051

Amount of Each Receipt this Period

10.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9166

Amount of Each Receipt this Period

10.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9287

Amount of Each Receipt this Period

10.00

Biweekly Payroll Deduction

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

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

30.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9522

Amount of Each Receipt this Period

10.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9404

Amount of Each Receipt this Period

10.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.8937

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

120.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 27 / 2012

Transaction ID : SA11AI.9052

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.9167

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
 Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : SA11AI.9288

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

300.00

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

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☒ 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)

A. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : SA11AI.9523

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Robert Kraft

Mailing Address 233 Burns Ave

City State Zip Code
Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.9405

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Donna M Lecky

Mailing Address 8241 Asbury Lane

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : SA11AI.8940

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 only)..... ►

240.00

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

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

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donna M Lecky

Mailing Address 8241 Asbury Lane

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : SA11AI.9055

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Donna M Lecky

Mailing Address 8241 Asbury Lane

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : SA11AI.9172

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Donna M Lecky

Mailing Address 8241 Asbury Lane

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
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 only)..... ►

120.00

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

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

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donna M Lecky

Mailing Address 8241 Asbury Lane

City State Zip Code
 Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9527

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Donna M Lecky

Mailing Address 8241 Asbury Lane

City State Zip Code
 Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9409

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
 MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9294

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

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

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

100.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9529

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9411

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Nancy M Losben

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP Clinical Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9296

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

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

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

60.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nancy M Losben

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP Clinical Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9531

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Nancy M Losben

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP Clinical Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9415

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Dr. Richard J Raczka

Mailing Address 5770 Beachwood Trail

City Fort Meyers State FL Zip Code 33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

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

80.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard J Raczka

Mailing Address 5770 Beachwood Trail

City

Fort Meyers

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9072

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Dr. Richard J Raczka

Mailing Address 5770 Beachwood Trail

City

Fort Meyers

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9189

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Dr. Richard J Raczka

Mailing Address 5770 Beachwood Trail

City

Fort Meyers

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9309

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 only)..... ►

120.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard J Raczka

Mailing Address 5770 Beachwood Trail

City State Zip Code
Fort Meyers FL 33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9544

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Dr. Richard J Raczka

Mailing Address 5770 Beachwood Trail

City State Zip Code
Fort Meyers FL 33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9428

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Thomas Schleigh

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.8962

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

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

120.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Schleigh

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9077

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Thomas Schleigh

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9314

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Thomas Schleigh

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9549

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

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

120.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Schleigh

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9433

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Rolf Schrader

Mailing Address 4140 North Moor Rd

City Toledo State OH Zip Code 43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9550

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Rolf Schrader

Mailing Address 4140 North Moor Rd

City Toledo State OH Zip Code 43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9434

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 only)..... ►

120.00

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

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

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. JEFFREY M STAMPS

Mailing Address 5132 Cedar Brook Ct

City State Zip Code
 SPRINGBORO OH 45066

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 27 / 2012

Transaction ID : SA11AI.9083

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. JEFFREY M STAMPS

Mailing Address 5132 Cedar Brook Ct

City State Zip Code
 SPRINGBORO OH 45066

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.9201

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. JEFFREY M STAMPS

Mailing Address 5132 Cedar Brook Ct

City State Zip Code
 SPRINGBORO OH 45066

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : SA11AI.9320

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. JEFFREY M STAMPS

Mailing Address 5132 Cedar Brook Ct

City State Zip Code
 SPRINGBORO OH 45066

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012

Transaction ID : SA11AI.9555

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. JEFFREY M STAMPS

Mailing Address 5132 Cedar Brook Ct

City State Zip Code
 SPRINGBORO OH 45066

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE

Occupation

EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.9439

Amount of Each Receipt this Period

100.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Priscilla Stewart-Jones

Mailing Address 201 E Fourth Street
 900 Omnicare Center

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : SA11AI.8969

Amount of Each Receipt this Period

80.00

Biweekly Payroll Deduction

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280.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Priscilla Stewart-Jones

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.8970

Amount of Each Receipt this Period

-80.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Priscilla Stewart-Jones

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. Priscilla Stewart-Jones

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

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)..... ►

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

80.00

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

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Priscilla Stewart-Jones

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9202

Amount of Each Receipt this Period

80.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Priscilla Stewart-Jones

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9321

Amount of Each Receipt this Period

80.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Priscilla Stewart-Jones

Mailing Address 201 E Fourth Street
900 Omnicare Center

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9556

Amount of Each Receipt this Period

80.00

Biweekly Payroll Deduction

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

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

240.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Priscilla Stewart-Jones

Mailing Address 201 E Fourth Street
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9440

Amount of Each Receipt this Period

80.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City INDIANAPOLIS State IN Zip Code 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9326

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City INDIANAPOLIS State IN Zip Code 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9561

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

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

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

120.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City State Zip Code
 INDIANAPOLIS IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9445

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Gina Timmons

Mailing Address 4201 Pleasanton Rd

City State Zip Code
 Englewood OH 45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

VP of Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9329

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Gina Timmons

Mailing Address 4201 Pleasanton Rd

City State Zip Code
 Englewood OH 45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

VP of Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9564

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

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

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

60.00

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)

A. Gina Timmons

Mailing Address 4201 Pleasanton Rd

City State Zip Code
 Englewood OH 45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

VP of Customer Facing Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9448

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Thomas Trite

Mailing Address 6512 Windmere Rd

City State Zip Code
 Harrisburg PA 17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.8981

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Thomas Trite

Mailing Address 6512 Windmere Rd

City State Zip Code
 Harrisburg PA 17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9094

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 only)..... ►

100.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Trite

Mailing Address 6512 Windmere Rd

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9212

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Thomas Trite

Mailing Address 6512 Windmere Rd

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9331

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Thomas Trite

Mailing Address 6512 Windmere Rd

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9566

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

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

120.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Trite

Mailing Address 6512 Windmere Rd

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9450

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9096

Amount of Each Receipt this Period

25.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9214

Amount of Each Receipt this Period

25.00

Biweekly Payroll Deduction

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

90.00

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

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : SA11AI.9333

Amount of Each Receipt this Period

25.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : SA11AI.9568

Amount of Each Receipt this Period

25.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City State Zip Code
OSCEOLA IN 46561

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.9452

Amount of Each Receipt this Period

25.00

Biweekly Payroll Deduction

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Weir

Mailing Address 4100 Napanee Road

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 25 / 2012

Transaction ID : SA11AI.9339

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Robert Weir

Mailing Address 4100 Napanee Road

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 08 / 2012

Transaction ID : SA11AI.9574

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Robert Weir

Mailing Address 4100 Napanee Road

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.9458

Amount of Each Receipt this Period

20.00

Biweekly Payroll Deduction

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

60.00

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)

A. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 13 / 2012

Transaction ID : SA11AI.8997

Amount of Each Receipt this Period

125.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

04 / 27 / 2012

Transaction ID : SA11AI.9110

Amount of Each Receipt this Period

125.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 11 / 2012

Transaction ID : SA11AI.9230

Amount of Each Receipt this Period

125.00

Biweekly Payroll Deduction

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

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

375.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : SA11AI.9348

Amount of Each Receipt this Period

125.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012

Transaction ID : SA11AI.9583

Amount of Each Receipt this Period

125.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. John Workman

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code
 Covington KY 41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.9467

Amount of Each Receipt this Period

125.00

Biweekly Payroll Deduction

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

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

375.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara J Zarowitz

Mailing Address 4551 Old Orchard Trail

City State Zip Code
Orchard Lake MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 08 / 2012

Transaction ID : SA11AI.9586

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Barbara J Zarowitz

Mailing Address 4551 Old Orchard Trail

City State Zip Code
Orchard Lake MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.9470

Amount of Each Receipt this Period

40.00

Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

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

80.00

10335.00

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

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

FOR LINE NUMBER: PAGE 57 OF 62
(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Omnicare, Inc. Political Action Committee

Mailing Address 900 Omnicare Center
201 E Fourth Street

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing
federal political committee.

C C00392886

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA15.9612

Amount of Each Receipt this Period

476.34

Bank Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

476.34

476.34

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

PAGE 58 OF 62

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. BOB CORKER FOR SENATE 2012

Mailing Address 1910 21ST AVENUE SOUTH

City
NASHVILLEState
TNZip Code
37212

Purpose of Disbursement

011

Candidate Name

BOB CORKER FOR SENATE 2012

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2012

Transaction ID : SB23.9593

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

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

Purpose of Disbursement

011

Candidate Name

DAVE CAMP FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2012

Transaction ID : SB23.9592

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City
HELENAState
MTZip Code
59624

Purpose of Disbursement

011

Candidate Name

FRIENDS OF MAX BAUCUS

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: MT

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Transaction ID : SB23.9603

Amount of Each Disbursement this Period

2500.00

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

4500.00

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF NAN HAYWORTH

Mailing Address P.O. BOX 188

City
CARMEL

State
NY

Zip Code
10512

Purpose of Disbursement

011

Category/
Type

Candidate Name

FRIENDS OF NAN HAYWORTH

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 19

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 13 / 2012

Transaction ID : SB23.9602

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City
BOWLING GREEN

State
KY

Zip Code
42102

Purpose of Disbursement

Category/
Type

Candidate Name

GUTHRIE FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 03 / 2012

Transaction ID : SB23.9588

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City
BOWLING GREEN

State
KY

Zip Code
42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

GUTHRIE FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 14 / 2012

Transaction ID : SB23.9611

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MURPHY FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2012

Mailing Address 350 NEPONSET ST UNIT J

City	State	Zip Code
CANTON	MA	02021

Transaction ID : SB23.9591

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

MURPHY FOR CONGRESS COMMITTEECategory/
Type

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

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

State: MA District: 09

1000.00

Full Name (Last, First, Middle Initial)

B. PAT ROBERTS VICTORY COMMITTEE, THE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2012

Mailing Address 610 S. BOULEVARD

City	State	Zip Code
TAMPA	FL	33606

Transaction ID : SB23.9610

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

PAT ROBERTS VICTORY COMMITTEE, THECategory/
Type

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

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

State: KS District: 00

1000.00

Full Name (Last, First, Middle Initial)

C. PORT PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

Mailing Address 900 19th St, NW
8th Floor

City	State	Zip Code
Washington	DC	20006

Transaction ID : SB23.9590

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

PORT PACCategory/
Type

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

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

State: District:

1000.00

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

3000.00

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

PAGE 61 OF 62

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City
ROSWELLState
GAZip Code
30077

Purpose of Disbursement

011

Candidate Name

PRICE FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2012

Transaction ID : SB23.9599

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City
PEORIAState
ILZip Code
61612

Purpose of Disbursement

011

Candidate Name

SCHOCK FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2012

Transaction ID : SB23.9607

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City
COLLINSVILLEState
ILZip Code
62234

Purpose of Disbursement

011

Candidate Name

VOLUNTEERS FOR SHIMKUS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2012

Transaction ID : SB23.9606

Amount of Each Disbursement this Period

1000.00

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

3000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Omnicare, Inc. Political Action Committee

A. WALDEN FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.9596

011

Category/
Type

WALDEN FOR CONGRESS

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

Disbursement For:

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

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

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

[illegible]

Candidate Name

Category/
Type

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

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

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
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21	22
23	24
25	26
27	28
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81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Category/
Type

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

Disbursement For:

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

Amount of Each Disbursement this Period

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

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

1500.00

15000.00