

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

OmniCare, Inc. Political Action Committee

ADDRESS (number and street)

1600 River Center II

100 East River Center Blvd

☐Check if different
than previously
reported. (ACC)

Covington

KY

41101

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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
Quarterly 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)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2008

through

09

30

2008

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

Tom Marsh

Signature of Treasurer

Electronically Filed by Tom Marsh

Date

10

01

2008

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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		42897.35
(b) Cash on Hand at Beginning of Reporting Period	25607.35	
(c) Total Receipts (from Line 19)	5702.75	8012.75
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31310.10	50910.10
7. Total Disbursements (from Line 31)	0.00	19600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31310.10	31310.10
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	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

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	4460.00	6035.00
(i) Itemized (use Schedule A)	1242.75	1977.75
(ii) Unitemized	5702.75	8012.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5702.75	8012.75
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	5702.75	8012.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5702.75	8012.75

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) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating 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.....	0.00	15000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (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	4600.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	0.00	19600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	19600.00

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)	5702.75	8012.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5702.75	8012.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 12

☒ 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

A.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.5446

Amount of Each Receipt this Period

200.00

Semi-monthly payroll deduc-
tion - \$200.00

B.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.5453

Amount of Each Receipt this Period

200.00

Semi-monthly payroll deduc-
tion - \$200.00

C.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.5487

Amount of Each Receipt this Period

200.00

SEMI-MONTHLY PAYROLL DEDU-
CTION - \$200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 12

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5488

Amount of Each Receipt this Period

200.00

SEMI-MONTHLY PAYROLL DEDU-
CTION - \$200.00

B.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

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
0 9 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.5515

Amount of Each Receipt this Period

200.00

Bi-monthly payroll deduct-
ion - \$200.00

C.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

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

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.5526

Amount of Each Receipt this Period

200.00

Bi-monthly payroll deduct-
ion - \$200.00

SUBTOTAL of Receipts This Page (optional)

600.00

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: PAGE 8 / 12

(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

A.

Full Name (Last, First, Middle Initial)
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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.5506

Amount of Each Receipt this Period

500.00

ONE-TIME CONTRIBUTION OF
\$500.00

B.

Full Name (Last, First, Middle Initial)
IVAN B GORDON

Mailing Address 2158 VINE DRIVE

City State Zip Code
MERRICK NY 11566

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

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.5474

Amount of Each Receipt this Period

250.00

ONE-TIME CONTRIBUTION -
\$250.00

C.

Full Name (Last, First, Middle Initial)
Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City State Zip Code
Cincinnati OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.5447

Amount of Each Receipt this Period

225.00

Semi-monthly payroll dedu-
ction - \$225.00

SUBTOTAL of Receipts This Page (optional)

975.00

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: PAGE 9 / 12

(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

A.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City

Cincinnati

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.5454

Amount of Each Receipt this Period

225.00

Semi-monthly payroll dedu-
ction - \$225.00

B.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City

Cincinnati

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.5489

Amount of Each Receipt this Period

225.00

SEMI-MONTHLY PAYROLL DEDU-
CTION - \$225.00

C.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City

Cincinnati

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5490

Amount of Each Receipt this Period

225.00

SEMI-MONTHLY PAYROLL DEDU-
CTION - \$225.00

SUBTOTAL of Receipts This Page (optional)

675.00

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: PAGE 10 / 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City	State	Zip Code
Cincinnati	OH	45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Transaction ID: SA11AI.5516

Amount of Each Receipt this Period

225.00

Bi-monthly payroll deduct-
ion - \$225.00**B.**

Full Name (Last, First, Middle Initial)

Patrick Keefe

Mailing Address 6358 Turpin Hills Drive

City	State	Zip Code
Cincinnati	OH	45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare Inc.Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: SA11AI.5527

Amount of Each Receipt this Period

225.00

Bi-monthly payroll deduct-
ion - \$225.00**C.**

Full Name (Last, First, Middle Initial)

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, IncOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Transaction ID: SA11AI.5485

Amount of Each Receipt this Period

40.00

SEMI-MONTHLY PAYROLL DEDU-
CTION - \$40.00

SUBTOTAL of Receipts This Page (optional)

490.00

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: PAGE 11 / 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

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, IncOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

Transaction ID: SA11AI.5486

Amount of Each Receipt this Period

40.00

SEMI-MONTHLY PAYROLL DEDU-
CTION - \$40.00**B.**

Full Name (Last, First, Middle Initial)

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, IncOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

Transaction ID: SA11AI.5512

Amount of Each Receipt this Period

40.00

Bi-monthly payroll deduct-
ion - \$40.00**C.**

Full Name (Last, First, Middle Initial)

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, IncOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	8

Transaction ID: SA11AI.5521

Amount of Each Receipt this Period

40.00

Bi-monthly payroll deduct-
ion - \$40.00

SUBTOTAL of Receipts This Page (optional)

120.00

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: PAGE 12 / 12

(check only one)

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

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

REGIS ROBBINS

Mailing Address 1806 RIVER HEIGHTS LANE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

Transaction ID: SA11AI.5469

Amount of Each Receipt this Period

500.00

ONE-TIME CONTRIBUTION -
\$500.00**B.**

Full Name (Last, First, Middle Initial)

MICHAEL ROSENBLUM

Mailing Address 6 EMERALD LANE

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

Transaction ID: SA11AI.5501

Amount of Each Receipt this Period

500.00

ONE-TIME CONTRIBUTION OF
\$500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

4460.00