

**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  
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2012

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 ROBBINS

Signature of Treasurer

REGIS ROBBINS

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
08 01 2013

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  
 07 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y  
 09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		30143.20
(b) Cash on Hand at Beginning of Reporting Period.....	40145.43	
(c) Total Receipts (from Line 19) .....	20307.80	59310.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	60453.23	89453.23
7. Total Disbursements (from Line 31) .....	18500.00	47500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	41953.23	41953.23
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		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).....	14872.60	37202.61
(ii) Unitemized .....	5435.20	21631.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	20307.80	58833.69
(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) .....	20307.80	58833.69
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	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)) .....	20307.80	59310.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	20307.80	59310.03

# **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.....	18500.00	47500.00
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)) ..	18500.00	47500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18500.00	47500.00

**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) .....	20307.80	58833.69
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20307.80	58833.69
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	476.34
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	-476.34

# **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 OF 122

☒ 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. Charles Agonis**

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code  
 Plainfield IL 60586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2012

**Transaction ID : SA11AI.10353**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Charles Agonis**

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code  
 Plainfield IL 60586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

**Transaction ID : SA11AI.10236**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Charles Agonis**

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code  
 Plainfield IL 60586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare of No. IL.

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  
 08 / 03 / 2012

**Transaction ID : SA11AI.9781**

Amount of Each Receipt this Period

15.00

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

45.00

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

# **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. Charles Agonis**

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code  
 Plainfield IL 60586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.9665

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Charles Agonis**

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code  
 Plainfield IL 60586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.9895

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Charles Agonis**

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code  
 Plainfield IL 60586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10008

Amount of Each Receipt this Period

15.00

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

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

45.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 OF 122

(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. Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City State Zip Code  
 Plainfield IL 60586

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare of No. IL.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 28 2012

Transaction ID : SA11AI.10122

Amount of Each Receipt this Period

15.00

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 ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 06 2012

Transaction ID : SA11AI.10355

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 20 2012

Transaction ID : SA11AI.10238

Amount of Each Receipt this Period

40.00

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

95.00

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



# **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. 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 ▼

400.00

Date of Receipt

08 / 03 / 2012

**Transaction ID : SA11AI.9783**

Amount of Each Receipt this Period

40.00

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 ▼

440.00

Date of Receipt

08 / 17 / 2012

**Transaction ID : SA11AI.9667**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

480.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : SA11AI.9897**

Amount of Each Receipt this Period

40.00

**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 10 OF 122

(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. 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 ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.10010

Amount of Each Receipt this Period

40.00

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 ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.10124

Amount of Each Receipt this Period

40.00

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 ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2012

Transaction ID : SA11AI.10357

Amount of Each Receipt this Period

200.00

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

280.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 122

(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

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2012

Transaction ID : SA11AI.10240

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 03 / 2012

Transaction ID : SA11AI.9785

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 17 / 2012

Transaction ID : SA11AI.9669

Amount of Each Receipt this Period

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 12 OF 122

(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 ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2012

Transaction ID : SA11AI.9899

Amount of Each Receipt this Period

200.00

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 ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 14 2012

Transaction ID : SA11AI.10012

Amount of Each Receipt this Period

200.00

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 ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 28 2012

Transaction ID : SA11AI.10126

Amount of Each Receipt this Period

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)  
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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. 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 ▼

410.00

Date of Receipt

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : SA11AI.10358

Amount of Each Receipt this Period

40.00

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 ▼

450.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : SA11AI.10241

Amount of Each Receipt this Period

40.00

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 ▼

490.00

Date of Receipt

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : SA11AI.9786

Amount of Each Receipt this Period

40.00

**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. 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 ▼

530.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.9670

Amount of Each Receipt this Period

40.00

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 ▼

570.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.9900

Amount of Each Receipt this Period

40.00

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 ▼

610.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10013

Amount of Each Receipt this Period

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**

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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 ▼

650.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : SA11AI.10127

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Alan Bell**

Mailing Address 10776 221st Lane  
NE

City Redmond State WA Zip Code 98053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director - Clinical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
08 / 17 / 2012

Transaction ID : SA11AI.9671

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Alan Bell**

Mailing Address 10776 221st Lane  
NE

City Redmond State WA Zip Code 98053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director - Clinical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
08 / 31 / 2012

Transaction ID : SA11AI.9901

Amount of Each Receipt this Period

20.00

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

80.00

**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. Alan Bell**

Mailing Address 10776 221st Lane  
NE

City State Zip Code  
Redmond WA 98053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director - Clinical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SA11Al.10014**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Alan Bell**

Mailing Address 10776 221st Lane  
NE

City State Zip Code  
Redmond WA 98053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Senior Director - Clinical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11Al.10128**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jonathan D Borman**

Mailing Address 201 E Fourth Street  
900 Omnicare Center

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP of Strategic Sourcing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11Al.10129**

Amount of Each Receipt this Period

15.00

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

55.00

**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. Barry Bress**

Mailing Address 3105 Story Book Ct.

City State Zip Code  
 Elliot City MD 21042

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 / D D / Y Y Y Y Y  
 08 / 17 / 2012

Transaction ID : SA11AI.9674

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Barry Bress**

Mailing Address 3105 Story Book Ct.

City State Zip Code  
 Elliot City MD 21042

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  
 08 / 31 / 2012

Transaction ID : SA11AI.9904

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Barry Bress**

Mailing Address 3105 Story Book Ct.

City State Zip Code  
 Elliot City MD 21042

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

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.10017

Amount of Each Receipt this Period

20.00

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

60.00

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. Barry Bress**

Mailing Address 3105 Story Book Ct.

City State Zip Code  
 Elliot City MD 21042

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  
 09 / 28 / 2012

**Transaction ID : SA11Al.10131**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Ross Brickley**

Mailing Address 5408 Quetzel Ct.

City State Zip Code  
 Garner NC 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2012

**Transaction ID : SA11Al.10363**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **C. Ross Brickley**

Mailing Address 5408 Quetzel Ct.

City State Zip Code  
 Garner NC 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

**Transaction ID : SA11Al.10246**

Amount of Each Receipt this Period

40.00

**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. Ross Brickley**

Mailing Address 5408 Quetzel Ct.

City State Zip Code  
 Garner NC 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 ▼

400.00

Date of Receipt

08 / 03 / 2012

**Transaction ID : SA11AI.9791**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Ross Brickley**

Mailing Address 5408 Quetzel Ct.

City State Zip Code  
 Garner NC 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 ▼

440.00

Date of Receipt

08 / 17 / 2012

**Transaction ID : SA11AI.9675**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Ross Brickley**

Mailing Address 5408 Quetzel Ct.

City State Zip Code  
 Garner NC 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 ▼

480.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : SA11AI.9905**

Amount of Each Receipt this Period

40.00

**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. Ross Brickley**

Mailing Address 5408 Quetzel Ct.

City State Zip Code  
 Garner NC 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 ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.10018

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Ross Brickley**

Mailing Address 5408 Quetzel Ct.

City State Zip Code  
 Garner NC 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 ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.10132

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Timothy J Canning**

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

CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2012

Transaction ID : SA11AI.10365

Amount of Each Receipt this Period

100.00

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

180.00

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  
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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 ▼

1400.00

Date of Receipt

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : SA11AI.10367

Amount of Each Receipt this Period

100.00

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 ▼

1500.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

Transaction ID : SA11AI.10249

Amount of Each Receipt this Period

100.00

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 ▼

1600.00

Date of Receipt

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : SA11AI.9794

Amount of Each Receipt this Period

100.00

**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. 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 ▼

1700.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.9678

Amount of Each Receipt this Period

100.00

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 ▼

1800.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.9908

Amount of Each Receipt this Period

100.00

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 ▼

1900.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10021

Amount of Each Receipt this Period

100.00

**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. Randall Carpenter**

Mailing Address 201 E Fourth Street  
 900 Omnicare Center

City State Zip Code  
 Cincinnati OH 45202

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.10135

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mark P Celebre**

Mailing Address 3800 - 5th Place

City State Zip Code  
 Kenosha WI 53144

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 / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

Transaction ID : SA11AI.9680

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Mark P Celebre**

Mailing Address 3800 - 5th Place

City State Zip Code  
 Kenosha WI 53144

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  
 08 / 31 / 2012

Transaction ID : SA11AI.9910

Amount of Each Receipt this Period

20.00

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. Mark P Celebre**

Mailing Address 3800 - 5th Place

City State Zip Code  
Kenosha WI 53144

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

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SA11AI.10023**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Mark P Celebre**

Mailing Address 3800 - 5th Place

City State Zip Code  
Kenosha WI 53144

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  
09 / 28 / 2012

**Transaction ID : SA11AI.10137**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Jeremy Colvin**

Mailing Address 8514 Watterson Trail

City State Zip Code  
Louisville KY 40299

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2012

**Transaction ID : SA11AI.9681**

Amount of Each Receipt this Period

20.00

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

60.00

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



# **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. Jeremy Colvin**

Mailing Address 8514 Watterson Trail

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.9911

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jeremy Colvin**

Mailing Address 8514 Watterson Trail

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10024

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jeremy Colvin**

Mailing Address 8514 Watterson Trail

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.10138

Amount of Each Receipt this Period

20.00

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

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

60.00

# **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. 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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 06 / 2012

Transaction ID : SA11AI.10373

Amount of Each Receipt this Period

100.00

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2012

Transaction ID : SA11AI.10255

Amount of Each Receipt this Period

100.00

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 ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 03 / 2012

Transaction ID : SA11AI.9800

Amount of Each Receipt this Period

100.00

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

300.00

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

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

Use separate schedule(s)  
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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. 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 ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 17 / 2012

Transaction ID : SA11AI.9684

Amount of Each Receipt this Period

100.00

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.9914

Amount of Each Receipt this Period

100.00

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 ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.10027

Amount of Each Receipt this Period

100.00

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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☒ 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. 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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.10141

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

Transaction ID : SA11AI.9801

Amount of Each Receipt this Period

20.00

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

Transaction ID : SA11AI.9685

Amount of Each Receipt this Period

20.00

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

140.00

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. 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 ▼

320.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : SA11AI.9915**

Amount of Each Receipt this Period

20.00

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 ▼

800.00

Date of Receipt

07 / 06 / 2012

**Transaction ID : SA11AI.10375**

Amount of Each Receipt this Period

100.00

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 ▼

900.00

Date of Receipt

07 / 20 / 2012

**Transaction ID : SA11AI.10257**

Amount of Each Receipt this Period

100.00

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

220.00

**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. 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 ▼

800.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : SA11AI.10258**

Amount of Each Receipt this Period

-100.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

900.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : SA11AI.10259**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

1000.00

Date of Receipt

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : SA11AI.9802**

Amount of Each Receipt this Period

100.00

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

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

100.00

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

Use separate schedule(s)  
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Detailed Summary Page

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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 ▼

1100.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.9686

Amount of Each Receipt this Period

100.00

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 ▼

1200.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.9916

Amount of Each Receipt this Period

100.00

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 ▼

1300.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10029

Amount of Each Receipt this Period

100.00

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

300.00

**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

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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 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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11Al.10143

Amount of Each Receipt this Period

100.00

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2012

Transaction ID : SA11Al.10378

Amount of Each Receipt this Period

40.00

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

Transaction ID : SA11Al.10262

Amount of Each Receipt this Period

40.00

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

180.00

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



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

Use separate schedule(s)  
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(check only one)

☒ 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. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 03 / 2012

Transaction ID : SA11AI.9805

Amount of Each Receipt this Period

40.00

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 17 / 2012

Transaction ID : SA11AI.9689

Amount of Each Receipt this Period

40.00

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.9919

Amount of Each Receipt this Period

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)  
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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. 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.10032

Amount of Each Receipt this Period

40.00

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 ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.10145

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Robert Foley**

Mailing Address 9692 Calliope Lane

City State Zip Code  
Shreveport LA 71115

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 / D D / Y Y Y Y Y  
08 / 17 / 2012

Transaction ID : SA11AI.9691

Amount of Each Receipt this Period

20.00

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

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

100.00

# **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. Robert Foley**

Mailing Address 9692 Calliope Lane

City State Zip Code  
Shreveport LA 71115

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

08 / 31 / 2012

**Transaction ID : SA11AI.9920**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Robert Foley**

Mailing Address 9692 Calliope Lane

City State Zip Code  
Shreveport LA 71115

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

09 / 14 / 2012

**Transaction ID : SA11AI.10033**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Robert Foley**

Mailing Address 9692 Calliope Lane

City State Zip Code  
Shreveport LA 71115

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

09 / 28 / 2012

**Transaction ID : SA11AI.10146**

Amount of Each Receipt this Period

20.00

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

60.00

**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. Steven D Gates**

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

Division CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.9693

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Steven D Gates**

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

Division CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.9922

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Steven D Gates**

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

Division CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10035

Amount of Each Receipt this Period

20.00

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

60.00

**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. Steven D Gates**

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

Division CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : SA11AI.10148

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Bernard Gelbard**

Mailing Address 18 Inverness Drive

City State Zip Code  
New City NY 10956

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 ▼

204.00

Date of Receipt

MM / DD / YYYY  
08 / 17 / 2012

Transaction ID : SA11AI.9694

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

## **C. Bernard Gelbard**

Mailing Address 18 Inverness Drive

City State Zip Code  
New City NY 10956

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 ▼

216.00

Date of Receipt

MM / DD / YYYY  
08 / 31 / 2012

Transaction ID : SA11AI.9923

Amount of Each Receipt this Period

12.00

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

44.00

**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. Bernard Gelbard**

Mailing Address 18 Inverness Drive

City State Zip Code  
 New City NY 10956

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 ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

**Transaction ID : SA11AI.10036**

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**B. Bernard Gelbard**

Mailing Address 18 Inverness Drive

City State Zip Code  
 New City NY 10956

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

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11AI.10149**

Amount of Each Receipt this Period

12.00

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : SA11AI.9812**

Amount of Each Receipt this Period

20.00

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

44.00

**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. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2012

**Transaction ID : SA11AI.9696**

Amount of Each Receipt this Period

20.00

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2012

**Transaction ID : SA11AI.10386**

Amount of Each Receipt this Period

100.00

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : SA11AI.10270**

Amount of Each Receipt this Period

100.00

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

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

220.00

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

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NAME OF COMMITTEE (In Full)

**Omnicare, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Gould**

Mailing Address 201 E Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO - LTC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 03 / 2012

**Transaction ID : SA11AI.9813**

Amount of Each Receipt this Period

100.00

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 ▼

1500.00

Date of Receipt

08 / 17 / 2012

**Transaction ID : SA11AI.9697**

Amount of Each Receipt this Period

100.00

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 ▼

1600.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : SA11AI.9926**

Amount of Each Receipt this Period

100.00

**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. 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 ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11Al.10039

Amount of Each Receipt this Period

100.00

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11Al.10152

Amount of Each Receipt this Period

100.00

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2012

Transaction ID : SA11Al.10388

Amount of Each Receipt this Period

40.00

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

240.00

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

# **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. 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 ▼

360.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.10272

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

400.00

Date of Receipt

08 / 03 / 2012

Transaction ID : SA11AI.9815

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

440.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.9699

Amount of Each Receipt this Period

40.00

**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. 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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 31 2012

Transaction ID : SA11AI.9928

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 14 2012

Transaction ID : SA11AI.10041

Amount of Each Receipt this Period

40.00

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 ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 28 2012

Transaction ID : SA11AI.10154

Amount of Each Receipt this Period

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**

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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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2012

Transaction ID : SA11AI.9817

Amount of Each Receipt this Period

50.00

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2012

Transaction ID : SA11AI.9701

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. HAL J HENDERSON**

Mailing Address 2908 PERIMETER CIRCLE

City BUFORD State GA Zip Code 30519

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 Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.10156

Amount of Each Receipt this Period

50.00

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

150.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Klaus A Hieber

Mailing Address 914 Ascot Dr.

City	State	Zip Code
Maineville	OH	45039

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist/President

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
08		17		2012

Transaction ID : SA11AI.9702

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Klaus A Hieber

Mailing Address 914 Ascot Dr.

City	State	Zip Code
Maineville	OH	45039

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : SA11AI.9931

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Klaus A Hieber

Mailing Address 914 Ascot Dr.

City	State	Zip Code
Maineville	OH	45039

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2012

Transaction ID : SA11AI.10044

Amount of Each Receipt this Period

20.00

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

60.00

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

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(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. Klaus A Hieber**

Mailing Address 914 Ascot Dr.

City  
Maineville

State Zip Code  
OH 45039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Pharmacist/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  
09 / 28 / 2012

Transaction ID : SA11AI.10157

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Richard Hood**

Mailing Address 3440 Brian Rd. South

City  
Palm Harbor

State Zip Code  
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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 06 / 2012

Transaction ID : SA11AI.10392

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Richard Hood**

Mailing Address 3440 Brian Rd. South

City  
Palm Harbor

State Zip Code  
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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2012

Transaction ID : SA11AI.10276

Amount of Each Receipt this Period

100.00

**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)  
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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. 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 03 / 2012

Transaction ID : SA11AI.9819

Amount of Each Receipt this Period

100.00

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 17 / 2012

Transaction ID : SA11AI.9703

Amount of Each Receipt this Period

100.00

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.9932

Amount of Each Receipt this Period

100.00

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

300.00

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

# **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. 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 ▼

1300.00

Date of Receipt

09 / 14 / 2012

**Transaction ID : SA11AI.10045**

Amount of Each Receipt this Period

100.00

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 ▼

1400.00

Date of Receipt

09 / 28 / 2012

**Transaction ID : SA11AI.10158**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Michael Inman**

Mailing Address 5700 Columbia Ave.

City State Zip Code  
St. Louis MO 63139

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 ▼

220.00

Date of Receipt

08 / 17 / 2012

**Transaction ID : SA11AI.9706**

Amount of Each Receipt this Period

20.00

**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)  
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NAME OF COMMITTEE (In Full)

**Omnicare, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Inman**

Mailing Address 5700 Columbia Ave.

City

St. Louis

State

MO

Zip Code

63139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : SA11AI.9935**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Michael Inman**

Mailing Address 5700 Columbia Ave.

City

St. Louis

State

MO

Zip Code

63139

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 ▼

260.00

Date of Receipt

09 / 14 / 2012

**Transaction ID : SA11AI.10048**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Michael Inman**

Mailing Address 5700 Columbia Ave.

City

St. Louis

State

MO

Zip Code

63139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 28 / 2012

**Transaction ID : SA11AI.10161**

Amount of Each Receipt this Period

20.00

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

60.00

**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 State Zip Code  
 Franklin MA 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 06 2012

Transaction ID : SA11AI.10396

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City State Zip Code  
 Franklin MA 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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 20 2012

Transaction ID : SA11AI.10280

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City State Zip Code  
 Franklin MA 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 03 2012

Transaction ID : SA11AI.9823

Amount of Each Receipt this Period

100.00

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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☒ 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. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City State Zip Code  
 Franklin MA 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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 17 / 2012

Transaction ID : SA11AI.9707

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City State Zip Code  
 Franklin MA 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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.9936

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Paul J Jacques

Mailing Address 23 Winterberry Dr.

City State Zip Code  
 Franklin MA 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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.10049

Amount of Each Receipt this Period

100.00

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11AI.10162**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Susan J Klem**

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

Cincinnati

Occupation

Sr. Director, Clinical Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2012

**Transaction ID : SA11AI.9711**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Susan J Klem**

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

Cincinnati

Occupation

Sr. Director, Clinical Service

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  
08 / 31 / 2012

**Transaction ID : SA11AI.9940**

Amount of Each Receipt this Period

20.00

**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)  
for each category of the  
Detailed Summary Page

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(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. Susan J Klem

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

Cincinnati

Occupation

Sr. Director, Clinical Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 14 2012

Transaction ID : SA11AI.10053

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Susan J Klem

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

Cincinnati

Occupation

Sr. Director, Clinical Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 28 2012

Transaction ID : SA11AI.10166

Amount of Each Receipt this Period

20.00

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 ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 06 2012

Transaction ID : SA11AI.10402

Amount of Each Receipt this Period

10.00

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

50.00

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

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(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. 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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

**Transaction ID : SA11AI.10285**

Amount of Each Receipt this Period

10.00

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : SA11AI.9828**

Amount of Each Receipt this Period

10.00

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : SA11AI.9712**

Amount of Each Receipt this Period

10.00

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

30.00

**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. 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 ▼

360.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.9941

Amount of Each Receipt this Period

10.00

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 ▼

370.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10054

Amount of Each Receipt this Period

10.00

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 ▼

380.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.10167

Amount of Each Receipt this Period

10.00

**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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☒ 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. 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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 06 / 2012

Transaction ID : SA11AI.10403

Amount of Each Receipt this Period

100.00

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 20 / 2012

Transaction ID : SA11AI.10286

Amount of Each Receipt this Period

100.00

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 ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 03 / 2012

Transaction ID : SA11AI.9829

Amount of Each Receipt this Period

100.00

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. 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 ▼

1700.00

Date of Receipt

08 / 17 / 2012

**Transaction ID : SA11AI.9713**

Amount of Each Receipt this Period

100.00

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 ▼

1800.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : SA11AI.9942**

Amount of Each Receipt this Period

100.00

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 ▼

1900.00

Date of Receipt

09 / 14 / 2012

**Transaction ID : SA11AI.10055**

Amount of Each Receipt this Period

100.00

**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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☒ 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. 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 ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.10168

Amount of Each Receipt this Period

100.00

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 ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2012

Transaction ID : SA11AI.10407

Amount of Each Receipt this Period

40.00

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 ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2012

Transaction ID : SA11AI.10290

Amount of Each Receipt this Period

40.00

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

180.00

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. 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 ▼

640.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 03 2012

Transaction ID : SA11AI.9833

Amount of Each Receipt this Period

40.00

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 ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 17 2012

Transaction ID : SA11AI.9717

Amount of Each Receipt this Period

40.00

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 ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 31 2012

Transaction ID : SA11AI.9946

Amount of Each Receipt this Period

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**

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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 ▼

760.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10059

Amount of Each Receipt this Period

40.00

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 ▼

800.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.10172

Amount of Each Receipt this Period

40.00

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 ▼

280.00

Date of Receipt

07 / 06 / 2012

Transaction ID : SA11AI.10409

Amount of Each Receipt this Period

20.00

**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 ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.10292

Amount of Each Receipt this Period

20.00

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 ▼

320.00

Date of Receipt

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

Transaction ID : SA11AI.9835

Amount of Each Receipt this Period

20.00

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 ▼

340.00

Date of Receipt

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

Transaction ID : SA11AI.9719

Amount of Each Receipt this Period

20.00

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

60.00

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. 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 ▼

360.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : SA11AI.9948**

Amount of Each Receipt this Period

20.00

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 ▼

380.00

Date of Receipt

09 / 14 / 2012

**Transaction ID : SA11AI.10061**

Amount of Each Receipt this Period

20.00

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 ▼

400.00

Date of Receipt

09 / 28 / 2012

**Transaction ID : SA11AI.10174**

Amount of Each Receipt this Period

20.00

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

60.00

**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. Michael List**

Mailing Address 10406 Caneel Ct.

City State Zip Code  
 Huntersville NC 28028

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

08 / 17 / 2012

**Transaction ID : SA11AI.9720**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Michael List**

Mailing Address 10406 Caneel Ct.

City State Zip Code  
 Huntersville NC 28028

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

08 / 31 / 2012

**Transaction ID : SA11AI.9949**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Michael List**

Mailing Address 10406 Caneel Ct.

City State Zip Code  
 Huntersville NC 28028

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

09 / 14 / 2012

**Transaction ID : SA11AI.10062**

Amount of Each Receipt this Period

20.00

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

60.00

**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. Michael List**

Mailing Address 10406 Caneel Ct.

City State Zip Code  
 Huntersville NC 28028

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  
 09 / 28 / 2012

**Transaction ID : SA11AI.10175**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : SA11AI.9838**

Amount of Each Receipt this Period

20.00

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : SA11AI.9722**

Amount of Each Receipt this Period

20.00

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

60.00

**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. Scott Nokes**

Mailing Address 25 Averdale Drive

City State Zip Code  
 Ballston Lake NY 12019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 06 / 2012

Transaction ID : SA11AI.10420

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

## **B. Scott Nokes**

Mailing Address 25 Averdale Drive

City State Zip Code  
 Ballston Lake NY 12019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 20 / 2012

Transaction ID : SA11AI.10304

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

## **C. Scott Nokes**

Mailing Address 25 Averdale Drive

City State Zip Code  
 Ballston Lake NY 12019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 03 / 2012

Transaction ID : SA11AI.9847

Amount of Each Receipt this Period

15.00

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

45.00

**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

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(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. Scott Nokes**

Mailing Address 25 Averdale Drive

City State Zip Code  
 Ballston Lake NY 12019

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 17 / 2012

Transaction ID : SA11AI.9732

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Scott Nokes**

Mailing Address 25 Averdale Drive

City State Zip Code  
 Ballston Lake NY 12019

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.9960

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Scott Nokes**

Mailing Address 25 Averdale Drive

City State Zip Code  
 Ballston Lake NY 12019

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.10073

Amount of Each Receipt this Period

15.00

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

45.00

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  
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(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. Scott Nokes**

Mailing Address 25 Averdale Drive

City State Zip Code  
 Ballston Lake NY 12019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist/GM

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  
 09 / 28 / 2012

**Transaction ID : SA11AI.10186**

Amount of Each Receipt this Period

15.00

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 ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2012

**Transaction ID : SA11AI.10425**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Dr. Richard J Raczka**

Mailing Address 5770 Beachwood Trail

City State Zip Code  
 Fort Meyers FL 33919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

**Transaction ID : SA11AI.10309**

Amount of Each Receipt this Period

40.00

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

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

95.00

# **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 ▼

640.00

Date of Receipt

08 / 03 / 2012

**Transaction ID : SA11AI.9852**

Amount of Each Receipt this Period

40.00

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 ▼

680.00

Date of Receipt

08 / 17 / 2012

**Transaction ID : SA11AI.9737**

Amount of Each Receipt this Period

40.00

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 ▼

720.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : SA11AI.9965**

Amount of Each Receipt this Period

40.00

**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)  
for each category of the  
Detailed Summary Page

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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. 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 ▼

760.00

Date of Receipt

09 / 14 / 2012

**Transaction ID : SA11AI.10078**

Amount of Each Receipt this Period

40.00

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 ▼

800.00

Date of Receipt

09 / 28 / 2012

**Transaction ID : SA11AI.10191**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Stephen Rappa**

Mailing Address 1 Crimson Ct.

City

Saugus

State

MA

Zip Code

01906

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 ▼

210.00

Date of Receipt

08 / 17 / 2012

**Transaction ID : SA11AI.9738**

Amount of Each Receipt this Period

10.00

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

90.00

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

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

Use separate schedule(s)  
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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. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code  
 Saugus MA 01906

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2012

Transaction ID : SA11AI.9780

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code  
 Saugus MA 01906

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.9966

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Stephen Rappa

Mailing Address 1 Crimson Ct.

City State Zip Code  
 Saugus MA 01906

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2012

Transaction ID : SA11AI.10234

Amount of Each Receipt this Period

10.00

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

30.00

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  
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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. Stephen Rappa**

Mailing Address 1 Crimson Ct.

City State Zip Code  
 Saugus MA 01906

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 ▼

250.00

Date of Receipt

09 / 14 / 2012

**Transaction ID : SA11AI.10079**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Stephen Rappa**

Mailing Address 1 Crimson Ct.

City State Zip Code  
 Saugus MA 01906

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 ▼

260.00

Date of Receipt

09 / 21 / 2012

**Transaction ID : SA11AI.10121**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Stephen Rappa**

Mailing Address 1 Crimson Ct.

City State Zip Code  
 Saugus MA 01906

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 ▼

270.00

Date of Receipt

09 / 28 / 2012

**Transaction ID : SA11AI.10192**

Amount of Each Receipt this Period

10.00

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

30.00

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy Roberts

Mailing Address 3418 Cardiff Ave.

City	State	Zip Code
Cincinnati	OH	45209

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

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
08	/	17	/	2012

Transaction ID : SA11AI.9741

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Amy Roberts

Mailing Address 3418 Cardiff Ave.

City	State	Zip Code
Cincinnati	OH	45209

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.9969

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Amy Roberts

Mailing Address 3418 Cardiff Ave.

City	State	Zip Code
Cincinnati	OH	45209

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.10082

Amount of Each Receipt this Period

20.00

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

60.00

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

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(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			

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. Amy Roberts

Mailing Address 3418 Cardiff Ave.

City	State	Zip Code
Cincinnati	OH	45209

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Sr. Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.10195

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2012

Transaction ID : SA11AI.10430

Amount of Each Receipt this Period

40.00

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 ▼

560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : SA11AI.10314

Amount of Each Receipt this Period

40.00

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

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

100.00

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

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

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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. 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 ▼

600.00

Date of Receipt

08 / 03 / 2012

**Transaction ID : SA11AI.9857**

Amount of Each Receipt this Period

40.00

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 ▼

640.00

Date of Receipt

08 / 17 / 2012

**Transaction ID : SA11AI.9742**

Amount of Each Receipt this Period

40.00

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 ▼

680.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : SA11AI.9970**

Amount of Each Receipt this Period

40.00

**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)  
for each category of the  
Detailed Summary Page

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(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. 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 ▼

720.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10083

Amount of Each Receipt this Period

40.00

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 ▼

760.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.10196

Amount of Each Receipt this Period

40.00

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 ▼

320.00

Date of Receipt

07 / 06 / 2012

Transaction ID : SA11AI.10431

Amount of Each Receipt this Period

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

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(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. Rolf Schrader**

Mailing Address 4140 North Moor Rd

City State Zip Code  
Toledo OH 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : SA11AI.10315**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Rolf Schrader**

Mailing Address 4140 North Moor Rd

City State Zip Code  
Toledo OH 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2012

**Transaction ID : SA11AI.9858**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Rolf Schrader**

Mailing Address 4140 North Moor Rd

City State Zip Code  
Toledo OH 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2012

**Transaction ID : SA11AI.9743**

Amount of Each Receipt this Period

40.00

**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. Rolf Schrader**

Mailing Address 4140 North Moor Rd

City State Zip Code  
Toledo OH 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 ▼

480.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.9971

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Rolf Schrader**

Mailing Address 4140 North Moor Rd

City State Zip Code  
Toledo OH 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 ▼

520.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10084

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Rolf Schrader**

Mailing Address 4140 North Moor Rd

City State Zip Code  
Toledo OH 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 ▼

560.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.10197

Amount of Each Receipt this Period

40.00

**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. MARK J SCHRODER**

Mailing Address 30 Sentinel Drive

City

WILDER

State

KY

Zip Code

41076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OMNICARE

Occupation

PHARMASIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.9972

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MARK J SCHRODER**

Mailing Address 30 Sentinel Drive

City

WILDER

State

KY

Zip Code

41076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OMNICARE

Occupation

PHARMASIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10085

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MARK J SCHRODER**

Mailing Address 30 Sentinel Drive

City

WILDER

State

KY

Zip Code

41076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OMNICARE

Occupation

PHARMASIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.10198

Amount of Each Receipt this Period

20.00

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

60.00

**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. 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2012

**Transaction ID : SA11AI.10437**

Amount of Each Receipt this Period

100.00

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

**Transaction ID : SA11AI.10320**

Amount of Each Receipt this Period

100.00

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : SA11AI.9863**

Amount of Each Receipt this Period

100.00

**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 80 OF 122

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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. 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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 17 2012

Transaction ID : SA11AI.9748

Amount of Each Receipt this Period

100.00

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 31 2012

Transaction ID : SA11AI.9976

Amount of Each Receipt this Period

100.00

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 14 2012

Transaction ID : SA11AI.10089

Amount of Each Receipt this Period

100.00

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

300.00

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



# **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. 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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.10202

Amount of Each Receipt this Period

100.00

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 ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2012

Transaction ID : SA11AI.10438

Amount of Each Receipt this Period

80.00

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

Transaction ID : SA11AI.10321

Amount of Each Receipt this Period

80.00

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

260.00

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

# **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. 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 ▼

1280.00

Date of Receipt

08 / 03 / 2012

Transaction ID : SA11AI.9864

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

## **B. Priscilla Stewart-Jones**

Mailing Address 201 E Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.9749

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

## **C. Priscilla Stewart-Jones**

Mailing Address 201 E Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.9977

Amount of Each Receipt this Period

80.00

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

240.00

**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. 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 ▼

1520.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10090

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

## **B. Priscilla Stewart-Jones**

Mailing Address 201 E Fourth Street  
900 Omnicare Center

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP - HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.10203

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

## **C. Thomas Stieritz**

Mailing Address 3436 Lake Vista Ct.

City Hamilton State OH Zip Code 45011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.9750

Amount of Each Receipt this Period

20.00

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

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

180.00

# **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 Stieritz**

Mailing Address 3436 Lake Vista Ct.

City

Hamilton

State

OH

Zip Code

45011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.9978

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Thomas Stieritz**

Mailing Address 3436 Lake Vista Ct.

City

Hamilton

State

OH

Zip Code

45011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10091

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Thomas Stieritz**

Mailing Address 3436 Lake Vista Ct.

City

Hamilton

State

OH

Zip Code

45011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

SVP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.10204

Amount of Each Receipt this Period

20.00

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

60.00

**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  
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NAME OF COMMITTEE (In Full)

**Omnicare, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jaclyn Stricklin**

Mailing Address 116 Virginia Avenue

City  
Baltimore

State Zip Code  
MD 21221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.80

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.9751

Amount of Each Receipt this Period

12.40

Full Name (Last, First, Middle Initial)

**B. Jaclyn Stricklin**

Mailing Address 116 Virginia Avenue

City  
Baltimore

State Zip Code  
MD 21221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.20

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.9979

Amount of Each Receipt this Period

12.40

Full Name (Last, First, Middle Initial)

**C. Jaclyn Stricklin**

Mailing Address 116 Virginia Avenue

City  
Baltimore

State Zip Code  
MD 21221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.60

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10092

Amount of Each Receipt this Period

12.40

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

37.20

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

# **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. Jaclyn Stricklin

Mailing Address 116 Virginia Avenue

City State Zip Code  
 Baltimore MD 21221

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.10205

Amount of Each Receipt this Period

12.40

Full Name (Last, First, Middle Initial)

B. 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2012

Transaction ID : SA11AI.10443

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

Transaction ID : SA11AI.10326

Amount of Each Receipt this Period

20.00

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

52.40

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11AI.9869

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SA11AI.9754

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.9982

Amount of Each Receipt this Period

20.00

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

60.00

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  
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(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. 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 ▼

380.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10095

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

400.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.10208

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Daniel A. Thomas**

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

GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.9756

Amount of Each Receipt this Period

20.00

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

60.00

**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  
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NAME OF COMMITTEE (In Full)

**Omnicare, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel A. Thomas**

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

GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : SA11AI.9984**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Daniel A. Thomas**

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

GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 14 / 2012

**Transaction ID : SA11AI.10097**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Daniel A. Thomas**

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

GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 28 / 2012

**Transaction ID : SA11AI.10210**

Amount of Each Receipt this Period

20.00

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

60.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 90 OF 122

(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. 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 06 2012

Transaction ID : SA11AI.10446

Amount of Each Receipt this Period

20.00

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 20 2012

Transaction ID : SA11AI.10329

Amount of Each Receipt this Period

20.00

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 03 2012

Transaction ID : SA11AI.9872

Amount of Each Receipt this Period

20.00

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

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

60.00

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

Use separate schedule(s)  
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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. 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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 17 / 2012

Transaction ID : SA11AI.9757

Amount of Each Receipt this Period

20.00

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.9985

Amount of Each Receipt this Period

20.00

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.10098

Amount of Each Receipt this Period

20.00

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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(check only one)

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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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.10211

Amount of Each Receipt this Period

20.00

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 ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 06 / 2012

Transaction ID : SA11AI.10448

Amount of Each Receipt this Period

40.00

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 20 / 2012

Transaction ID : SA11AI.10331

Amount of Each Receipt this Period

40.00

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 ▼

640.00

Date of Receipt

08 / 03 / 2012

**Transaction ID : SA11AI.9874**

Amount of Each Receipt this Period

40.00

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 ▼

680.00

Date of Receipt

08 / 17 / 2012

**Transaction ID : SA11AI.9759**

Amount of Each Receipt this Period

40.00

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 ▼

720.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : SA11AI.9987**

Amount of Each Receipt this Period

40.00

**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. Thomas Trite**

Mailing Address 6512 Windmere Rd

City  
Harrisburg

State Zip Code  
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 ▼

760.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10100

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Thomas Trite**

Mailing Address 6512 Windmere Rd

City  
Harrisburg

State Zip Code  
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 ▼

800.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.10213

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. THOMAS TUCKER**

Mailing Address 11201 RIVER OAKS LN W

City  
OSCEOLA

State Zip Code  
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 ▼

350.00

Date of Receipt

07 / 06 / 2012

Transaction ID : SA11AI.10450

Amount of Each Receipt this Period

25.00

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

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

105.00

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

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

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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. 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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 20 / 2012

Transaction ID : SA11AI.10333

Amount of Each Receipt this Period

25.00

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 03 / 2012

Transaction ID : SA11AI.9875

Amount of Each Receipt this Period

25.00

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 17 / 2012

Transaction ID : SA11AI.9760

Amount of Each Receipt this Period

25.00

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

75.00

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  
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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. 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 ▼

450.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.9990

Amount of Each Receipt this Period

25.00

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 ▼

475.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10101

Amount of Each Receipt this Period

25.00

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 ▼

500.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.10216

Amount of Each Receipt this Period

25.00

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

75.00

**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

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(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. Denise Von Dohren

Mailing Address 10 Harvest Dr.

City State Zip Code  
 Barto PA 19504

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Access Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 17 / 2012

Transaction ID : SA11AI.9765

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Denise Von Dohren

Mailing Address 10 Harvest Dr.

City State Zip Code  
 Barto PA 19504

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Access Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.9993

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Denise Von Dohren

Mailing Address 10 Harvest Dr.

City State Zip Code  
 Barto PA 19504

FEC ID number of contributing federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Access Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.10106

Amount of Each Receipt this Period

20.00

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

60.00

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 98 OF 122

(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. Denise Von Dohren**

Mailing Address 10 Harvest Dr.

City State Zip Code  
Barto PA 19504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

VP, Access Solutions

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  
09 / 28 / 2012

**Transaction ID : SA11AI.10219**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Timmy Waters**

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2012

**Transaction ID : SA11AI.10455**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Timmy Waters**

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : SA11AI.10338**

Amount of Each Receipt this Period

15.00

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

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

50.00

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

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

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(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. Timmy Waters**

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

08 / 03 / 2012

Transaction ID : SA11AI.9881

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

## **B. Timmy Waters**

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 ▼

255.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.9766

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

## **C. Timmy Waters**

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 ▼

270.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.9994

Amount of Each Receipt this Period

15.00

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

45.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 100 OF 122

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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. Timmy Waters**

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 ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.10107

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Timmy Waters**

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 ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.10220

Amount of Each Receipt this Period

15.00

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 ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2012

Transaction ID : SA11AI.10456

Amount of Each Receipt this Period

20.00

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

50.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 101 OF 122

(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. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : SA11AI.10339**

Amount of Each Receipt this Period

20.00

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2012

**Transaction ID : SA11AI.9882**

Amount of Each Receipt this Period

20.00

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2012

**Transaction ID : SA11AI.9767**

Amount of Each Receipt this Period

20.00

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

60.00

**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  
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(check only one)

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

Omnicare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.9995

Amount of Each Receipt this Period

20.00

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 ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.10108

Amount of Each Receipt this Period

20.00

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 ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.10221

Amount of Each Receipt this Period

20.00

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

60.00

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

# **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. David West**

Mailing Address 80 Camelot Ridge Dr.

City State Zip Code  
Brandon FL 33511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 17 / 2012

**Transaction ID : SA11AI.9769**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. David West**

Mailing Address 80 Camelot Ridge Dr.

City State Zip Code  
Brandon FL 33511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : SA11AI.9997**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. David West**

Mailing Address 80 Camelot Ridge Dr.

City State Zip Code  
Brandon FL 33511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 14 / 2012

**Transaction ID : SA11AI.10110**

Amount of Each Receipt this Period

20.00

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

60.00

**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

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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. David West**

Mailing Address 80 Camelot Ridge Dr.

City State Zip Code  
 Brandon FL 33511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Manager

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  
 09 / 28 / 2012

**Transaction ID : SA11AI.10223**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Janine Wolfgang**

Mailing Address 7831 Babbist Church Rd

City State Zip Code  
 Mardela Springs MD 21837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : SA11AI.9774**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Janine Wolfgang**

Mailing Address 7831 Babbist Church Rd

City State Zip Code  
 Mardela Springs MD 21837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

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  
 08 / 31 / 2012

**Transaction ID : SA11AI.10002**

Amount of Each Receipt this Period

20.00

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

60.00

**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

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(check only one)

PAGE 105 OF 122

☒ 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. Janine Wolfgang**

Mailing Address 7831 Babbist Church Rd

City State Zip Code  
Mardela Springs MD 21837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10115

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Janine Wolfgang**

Mailing Address 7831 Babbist Church Rd

City State Zip Code  
Mardela Springs MD 21837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.10228

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL WOOD**

Mailing Address 3458 MIDAS RIDGE LANE

City State Zip Code  
RIVERTON UT 84065

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

07 / 06 / 2012

Transaction ID : SA11AI.10464

Amount of Each Receipt this Period

20.00

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

60.00

**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 106 OF 122

(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 WOOD**

Mailing Address 3458 MIDAS RIDGE LANE

City State Zip Code  
 RIVERTON UT 84065

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  
 07 / 20 / 2012

Transaction ID : SA11AI.10347

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL WOOD**

Mailing Address 3458 MIDAS RIDGE LANE

City State Zip Code  
 RIVERTON UT 84065

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

M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

Transaction ID : SA11AI.9890

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL WOOD**

Mailing Address 3458 MIDAS RIDGE LANE

City State Zip Code  
 RIVERTON UT 84065

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  
 08 / 17 / 2012

Transaction ID : SA11AI.9775

Amount of Each Receipt this Period

20.00

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

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

60.00

# **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

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 WOOD**

Mailing Address 3458 MIDAS RIDGE LANE

City  
RIVERTON

State Zip Code  
UT 84065

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

08 / 31 / 2012

Transaction ID : SA11AI.10003

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL WOOD**

Mailing Address 3458 MIDAS RIDGE LANE

City  
RIVERTON

State Zip Code  
UT 84065

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 ▼

320.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.10116

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL WOOD**

Mailing Address 3458 MIDAS RIDGE LANE

City  
RIVERTON

State Zip Code  
UT 84065

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 ▼

340.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.10229

Amount of Each Receipt this Period

20.00

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

60.00

**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  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Omnicare, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Workman**

Mailing Address 100 E RiverCenter Blvd.

City State Zip Code  
Covington KY 41011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 06 / 2012

**Transaction ID : SA11AI.10465**

Amount of Each Receipt this Period

125.00

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 ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : SA11AI.10348**

Amount of Each Receipt this Period

125.00

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 03 / 2012

**Transaction ID : SA11AI.9891**

Amount of Each Receipt this Period

125.00

**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)  
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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 ▼

2125.00

Date of Receipt

08 / 17 / 2012

**Transaction ID : SA11AI.9776**

Amount of Each Receipt this Period

125.00

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 ▼

2250.00

Date of Receipt

08 / 31 / 2012

**Transaction ID : SA11AI.10004**

Amount of Each Receipt this Period

125.00

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 ▼

2375.00

Date of Receipt

09 / 14 / 2012

**Transaction ID : SA11AI.10117**

Amount of Each Receipt this Period

125.00

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

375.00

**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

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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 ▼

2500.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.10230

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Jennifer Yowler**

Mailing Address 6193 Terrey Pines Ct.

City State Zip Code  
 Mason OH 45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Divisional CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 17 / 2012

Transaction ID : SA11AI.9777

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jennifer Yowler**

Mailing Address 6193 Terrey Pines Ct.

City State Zip Code  
 Mason OH 45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Divisional CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.10005

Amount of Each Receipt this Period

20.00

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

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

165.00

# **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. Jennifer Yowler**

Mailing Address 6193 Terrey Pines Ct.

City State Zip Code  
Mason OH 45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Divisional CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SA11AI.10118**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jennifer Yowler**

Mailing Address 6193 Terrey Pines Ct.

City State Zip Code  
Mason OH 45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

Divisional CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11AI.10231**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL ZANDRI**

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code  
BALDWINVILLE NY 13027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 06 / 2012

**Transaction ID : SA11AI.10467**

Amount of Each Receipt this Period

15.00

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

55.00

**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. MICHAEL ZANDRI**

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code  
 BALDWINVILLE NY 13027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

Transaction ID : SA11AI.10350

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL ZANDRI**

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code  
 BALDWINVILLE NY 13027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

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  
 08 / 03 / 2012

Transaction ID : SA11AI.9893

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL ZANDRI**

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code  
 BALDWINVILLE NY 13027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

Transaction ID : SA11AI.9778

Amount of Each Receipt this Period

15.00

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

45.00

**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. MICHAEL ZANDRI**

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code  
BALDWINVILLE NY 13027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

**Transaction ID : SA11AI.10006**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL ZANDRI**

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code  
BALDWINVILLE NY 13027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SA11AI.10119**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL ZANDRI**

Mailing Address 8215 ROYAL SCARLET DRIVE

City State Zip Code  
BALDWINVILLE NY 13027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

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  
09 / 28 / 2012

**Transaction ID : SA11AI.10232**

Amount of Each Receipt this Period

15.00

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

45.00

**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. 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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 06 2012

Transaction ID : SA11AI.10468

Amount of Each Receipt this Period

40.00

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 20 2012

Transaction ID : SA11AI.10351

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 03 2012

Transaction ID : SA11AI.9894

Amount of Each Receipt this Period

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**

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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. 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 17 / 2012

Transaction ID : SA11AI.9779

Amount of Each Receipt this Period

40.00

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.10007

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.10120

Amount of Each Receipt this Period

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)  
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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. Barbara J Zarowitz

Mailing Address 4551 Old Orchard Trail

City

Orchard Lake

State

MI

Zip Code

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 ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.10233

Amount of Each Receipt this Period

40.00

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)..... ►

40.00

14872.60

**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. JOHN J. BARROW**

Mailing Address PO BOX 8166

City  
SAVANNAHState  
GAZip Code  
31412

Purpose of Disbursement

011

Candidate Name

**JOHN J. BARROW**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2012

**Transaction ID : SB23.9643**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DAVID LEE CAMP**

Mailing Address 5905 WIMBLEDON COURT

City  
MIDLANDState  
MIZip Code  
48642

Purpose of Disbursement

011

Candidate Name

**DAVID LEE CAMP**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
07		16		2012

**Transaction ID : SB23.9644**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. BENJAMIN L CARDIN**Mailing Address 100 E PRATT STREET  
26TH FLOORCity  
BALTIMOREState  
MDZip Code  
21202

Purpose of Disbursement

011

Candidate Name

**CARDIN, BENJAMIN L**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2012

**Transaction ID : SB23.9636**

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 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. LYNN JENKINS**

Mailing Address PO BOX 1441

City TOPEKA	State KS	Zip Code 66601
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Purpose of Disbursement

Candidate Name

**LYNN JENKINS**

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

State: KS District: 02

Disbursement For:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2012

**Transaction ID : SB23.9638**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. RON KIND**Mailing Address 205 5TH AVENUE SOUTH  
SUITE 428

City LA CROSSE	State WI	Zip Code 54602
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Purpose of Disbursement

Candidate Name

**RON KIND**

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

State: WI District: 03

Disbursement For:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2012

**Transaction ID : SB23.9650**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. JOSH MANDEL**

Mailing Address 2112 ACACIA PARK DRIVE SUITE 504

City LYNDHURST	State OH	Zip Code 44124
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Purpose of Disbursement

Candidate Name

**JOSH MANDEL**

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

State: OH District: 00

Disbursement For:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2012

**Transaction ID : SB23.9651**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. FRANK JR PALLONE**

Mailing Address 1187 Ocean Avenue

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement

Candidate Name

**FRANK JR PALLONE**

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

State: NJ District: 06

Disbursement For:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2012

**Transaction ID : SB23.9642**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. PORTMAN FOR SENATE COMMITTEE**

Mailing Address 9856 ARCHER LANE

City	State	Zip Code
DUBLIN	OH	43017

Purpose of Disbursement

Candidate Name

**PORTMAN FOR SENATE COMMITTEE**

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

State: OH District: 00

Disbursement For:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2012

**Transaction ID : SB23.9641**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. TOM RICE**Mailing Address 1107 48TH AVE. N.  
SUITE 210

City	State	Zip Code
MYRTLE BEACH	SC	29577

Purpose of Disbursement

Candidate Name

**TOM RICE**

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

State: SC District: 07

Disbursement For:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

**Transaction ID : SB23.9661**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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. CATHY MCMORRIS RODGERS**

Mailing Address 32 EAST 25TH

City	State	Zip Code
SPOKANE	WA	99203

Purpose of Disbursement

011

Candidate Name

**CATHY MCMORRIS RODGERS**

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

Disbursement For:

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

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2012

**Transaction ID : SB23.9663**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. JOHN M SHIMKUS**

Mailing Address 504 SUMNER BOULEVARD

City	State	Zip Code
COLLINSVILLE	IL	62234

Purpose of Disbursement

011

Candidate Name

**JOHN M SHIMKUS**

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

Disbursement For:

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

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2012

**Transaction ID : SB23.9656**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FORTNEY HILLMAN JR STARK**

Mailing Address

City	State	Zip Code
FREMONT		

Purpose of Disbursement

011

Candidate Name

**FORTNEY HILLMAN JR STARK**

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

Disbursement For:

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

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2012

**Transaction ID : SB23.9662**

Amount of Each Disbursement this Period

1000.00
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**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 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. JOHN R THUNE**

Mailing Address 200 NORTH PHILLIPS AVE SUITE L101

City	State	Zip Code
SIOUX FALLS	SD	57104

Purpose of Disbursement

Candidate Name

**JOHN R THUNE**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: SD	District: 00

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

011

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2012

**Transaction ID : SB23.9637**

Amount of Each Disbursement this Period

1000.00
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

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

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

Category/  
Type

Date of Disbursement

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

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

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

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

Category/  
Type

Date of Disbursement

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

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

1000.00

18500.00