

**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)

201 E. Fourth Street

900 Omnicare Center

☐ 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)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y 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 Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Regis T Robbins

Signature of Treasurer

Regis T Robbins

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		49523.66
(b) Cash on Hand at Beginning of Reporting Period.....	49523.66	
(c) Total Receipts (from Line 19)	18630.80	18630.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	68154.46	68154.46
7. Total Disbursements (from Line 31)	17500.00	17500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50654.46	50654.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

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

To:

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

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).....	6106.00	6106.00
(ii) Unitemized	12524.80	12524.80
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	18630.80	18630.80
(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)	18630.80	18630.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	18630.80	18630.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18630.80	18630.80

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.....	17500.00	17500.00
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)) ..	17500.00	17500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17500.00	17500.00

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)	18630.80	18630.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18630.80	18630.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 29

(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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 15 2013

Transaction ID : SA11AI.11613

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 ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 29 2013

Transaction ID : SA11AI.11721

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 ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 01 18 2013

Transaction ID : SA11AI.11160

Amount of Each Receipt this Period

190.00

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

270.00

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 7 OF 29
(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 ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : SA11AI.11292

Amount of Each Receipt this Period

190.00

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 ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 15 / 2013

Transaction ID : SA11AI.11399

Amount of Each Receipt this Period

190.00

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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 01 / 2013

Transaction ID : SA11AI.11509

Amount of Each Receipt this Period

190.00

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

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

570.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 15 / 2013

Transaction ID : SA11AI.11615

Amount of Each Receipt this Period

190.00

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 ▼

1340.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 29 / 2013

Transaction ID : SA11AI.11723

Amount of Each Receipt this Period

190.00

Full Name (Last, First, Middle Initial)

C. Ross Brickley

Mailing Address 5408 Quetzal 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 15 / 2013

Transaction ID : SA11AI.11621

Amount of Each Receipt this Period

40.00

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

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

420.00

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

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

FOR LINE NUMBER: PAGE 9 OF 29

(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. 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 29 2013

Transaction ID : SA11AI.11729

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Randall Carpenter

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 01 2013

Transaction ID : SA11AI.11301

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Randall Carpenter

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 15 2013

Transaction ID : SA11AI.11408

Amount of Each Receipt this Period

100.00

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

240.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 29
(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. Randall Carpenter

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2013

Transaction ID : SA11AI.11518

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Randall Carpenter

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.11624

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Randall Carpenter

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.11732

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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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. William S Douglas

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.11630

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. William S Douglas

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.11738

Amount of Each Receipt this Period

50.00

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

Occupation

OMNICARE, INC

VP OF OPERATIONS FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : SA11AI.11308

Amount of Each Receipt this Period

100.00

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

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

200.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 29
(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. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2013

Transaction ID : SA11AI.11415

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2013

Transaction ID : SA11AI.11525

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.11631

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)
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. 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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 29 / 2013

Transaction ID : SA11AI.11739

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. W G Erwin

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : SA11AI.11310

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. W G Erwin

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 15 / 2013

Transaction ID : SA11AI.11417

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)
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. W G Erwin

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2013

Transaction ID : SA11AI.11527

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. W G Erwin

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.11633

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. W G Erwin

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.11741

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)
for each category of the
Detailed Summary Page

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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. MELINDA FERRIS

Mailing Address 2036 BERKSHIRE RD

City State Zip Code
 COLUMBUS OH 43221

FEC ID number of contributing
federal political committee.

C

Name of Employer

OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 15 / 2013

Transaction ID : SA11AI.11635

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 29 / 2013

Transaction ID : SA11AI.11743

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

c. James G Flood

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 ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 01 / 2013

Transaction ID : SA11AI.11530

Amount of Each Receipt this Period

192.00

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

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

272.00

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

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

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

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. James G Flood

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 ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.11636

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. James G Flood

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 ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.11744

Amount of Each Receipt this Period

192.00

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

Occupation

Omnicare, Inc.

Sr. Director - Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.11644

Amount of Each Receipt this Period

40.00

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

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

424.00

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

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

FOR LINE NUMBER: PAGE 17 OF 29
(check only one)

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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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 29 / 2013

Transaction ID : SA11AI.11752

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City State Zip Code
 BUFORD GA 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
 03 / 15 / 2013

Transaction ID : SA11AI.11645

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City State Zip Code
 BUFORD GA 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 29 / 2013

Transaction ID : SA11AI.11753

Amount of Each Receipt this Period

50.00

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
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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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : SA11AI.11323

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2013

Transaction ID : SA11AI.11432

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2013

Transaction ID : SA11AI.11541

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. Richard Hood

Mailing Address 3440 Brian Rd. South

City State Zip Code
Palm Harbor FL 34685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

DCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.11647

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.11755

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2013

Transaction ID : SA11AI.11436

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 State Zip Code
Franklin MA 02038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

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
03 / 01 / 2013

Transaction ID : SA11AI.11545

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.11652

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

CPA

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
02 / 01 / 2013

Transaction ID : SA11AI.11333

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. 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

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 15 / 2013

Transaction ID : SA11AI.11442

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

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 01 / 2013

Transaction ID : SA11AI.11551

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

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 15 / 2013

Transaction ID : SA11AI.11658

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)
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. 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

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.11763

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Donna M Lecky

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.11767

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Thomas Schleigh

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bi-weekly Payroll Deduction - \$25

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.11684

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 29
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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

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bi-weekly Payroll Deduction - \$25

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.11788

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

Occupation

Omnicare, Inc.

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
03 / 15 / 2013

Transaction ID : SA11AI.11685

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

Occupation

Omnicare, Inc.

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
03 / 29 / 2013

Transaction ID : SA11AI.11789

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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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 ▼

240.00

Date of Receipt

03 / 15 / 2013

Transaction ID : SA11AI.11698

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 ▼

280.00

Date of Receipt

03 / 29 / 2013

Transaction ID : SA11AI.11802

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. John Workman

Mailing Address 100 E RiverCenter Blvd.

City

Covington

State

KY

Zip Code

41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omnicare, Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2013

Transaction ID : SA11AI.11283

Amount of Each Receipt this Period

125.00

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

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

205.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 29

☒ 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

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : SA11AI.11391

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

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 15 / 2013

Transaction ID : SA11AI.11499

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

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 01 / 2013

Transaction ID : SA11AI.11607

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 29
(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. 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

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11AI.11714

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

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.11818

Amount of Each Receipt this Period

125.00

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA11AI.11821

Amount of Each Receipt this Period

40.00

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

290.00

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

6106.00

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

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVE NE

City
WASHINGTONState
DCZip Code
20002

Purpose of Disbursement

011

Candidate Name

DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Category/
Type

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
01	/	28	/	2013

Transaction ID : SB23.11825

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City
BOWLING GREENState
KYZip Code
42102

Purpose of Disbursement

011

Candidate Name

GUTHRIE FOR CONGRESS

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2013

Transaction ID : SB23.11829

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Jim JIM GERLACH FOR CONGRESS

Mailing Address PO BOX 87

City
UWCHLANDState
PAZip Code
19480

Purpose of Disbursement

011

Candidate Name

Jim JIM GERLACH FOR CONGRESS

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2013

Transaction ID : SB23.11834

Amount of Each Disbursement this Period

1000.00

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

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

8000.00

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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)

PAGE 28 OF 29

<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. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement

Candidate Name

PALLONE FOR CONGRESS

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 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
02		25		2013

Transaction ID : SB23.11831

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Thomas THOMAS MASSIE FOR CONGRESS

Mailing Address PO BOX 1444

City	State	Zip Code
FLORENCE	KY	41022

Purpose of Disbursement

Candidate Name

Thomas THOMAS MASSIE FOR CONGRESS

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

State: KY District: 04

Disbursement For:

<input type="checkbox"/> Primary	<input 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
02		25		2013

Transaction ID : SB23.11838

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City	State	Zip Code
PITTSBURGH	PA	15234

Purpose of Disbursement

Candidate Name

TIM MURPHY FOR CONGRESS

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

State: PA District: 18

Disbursement For:

<input type="checkbox"/> Primary	<input 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
01		28		2013

Transaction ID : SB23.11827

Amount of Each Disbursement this Period

1500.00

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

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

6500.00

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

PAGE 29 OF 29

<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. TREY GOWDY FOR CONGRESS

Mailing Address PO BOX 3324

City	State	Zip Code
SPARTANBURG	SC	29304

Purpose of Disbursement

Candidate Name

TREY GOWDY FOR CONGRESS

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

State: SC District: 04

Disbursement For:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2013

Transaction ID : SB23.11835

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

Purpose of Disbursement

Candidate Name

WHITFIELD FOR CONGRESS COMMITTEE

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

State: KY District: 01

Disbursement For:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2013

Transaction ID : SB23.11828

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City	State	Zip Code
PORTLAND	OR	97232

Purpose of Disbursement

Candidate Name

WYDEN FOR SENATE

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

State: OR District: 00

Disbursement For:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2013

Transaction ID : SB23.11826

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

17500.00
