PAGE 1 / 29

Image# 13962194877

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

A. TYPE OF REPORT (Choose One)	TOTAL PA	For Other Than An Autho	orized Committee	Office Use (Only
ADDRESS (number and street) 201 E. Fourth Street 900 Omnicare Center		TYPE OR PRINT ▼		12FE4M5]
ADDRESS (number and street) Check if different than previously reported. (ACC) Cincinnati Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C C00392886 3. IS THIS 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 Report (YE) Lection on Report (Non-election Report (Non-election Near Only) (MY) Report (Non-Election Report (Non-election Report (Non-election Near Only) (MY) Report (Non-Election Report (Non-Election Report (Non-election Near Only) (MY) Report (Non-Election Report (Non-Election Report (Non-Election Near Only) (MY) Report (Non-Election Report (Non-Election Report (Non-Election Report (Non-Election Report (Non-Election Near Only) (MY) Report (Non-Election Report (Non-Election Report (Non-Election Report (Non-Election Report (Non-Election Near Only) (MY) Report (Non-Election Near Only) (M4) Report (Non-Election Near Only) (M5) Report (Non-Election Near Only) (M6) Report (Non-Election	OmniCare, Inc. Politca	olitcal Action Committee			
ADDRESS (number and street) Check if different than previously reported. (ACC) Cincinnati Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C C00392886 3. IS THIS 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 Report (YE) Lection on Report (Non-election Report (Non-election Near Only) (MY) Report (Non-Election Report (Non-election Report (Non-election Near Only) (MY) Report (Non-Election Report (Non-Election Report (Non-election Near Only) (MY) Report (Non-Election Report (Non-Election Report (Non-Election Near Only) (MY) Report (Non-Election Report (Non-Election Report (Non-Election Report (Non-Election Report (Non-Election Near Only) (MY) Report (Non-Election Report (Non-Election Report (Non-Election Report (Non-Election Report (Non-Election Near Only) (MY) Report (Non-Election Near Only) (M4) Report (Non-Election Near Only) (M5) Report (Non-Election Near Only) (M6) Report (Non-Election					
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ C C00392886 3. IS THIS REPORT (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (Q1)	ADDRESS (number and street)				
than previously reported. (ACC) Cincinnati reported. (ACC) Cincinnati reported. (ACC) Ciry					
A. 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) 3. IS THIS REPORT (N) OR AMENDED (A) May 20 (M8) Nov 20 (M8) (Non-Election Year Only) Peb 20 (M2) May 20 (M5) Aug 20 (M8) Nov	than previously			OH 45202	
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) Report (May 20 (M2) May 20 (M5) May 20 (M6) Sep 20 (M9) Nov 20 (M (Nor-Election Year Only) Nor-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) PRE-Election Report for the: Convention (12C) Special (12S) Convention (12C) Special (12S) Election on Report for the: Election on Report for the: Election on Election on Report for the: Election on Report for the: Election on MMM April 15 Quarterly Report (Q2) Report (NB) Nov 20 (M8)	2. FEC IDENTIFICATION NU	N NUMBER ▼ CITY	A	STATE ▲ ZIF	CODE A
(Choose One) Report Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M9) PREPORT Only) Page 20 (M9) Dec 20 (M9)	C C00392886				
(a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (YE) July 31 Mid-Year Report (Non-Election Report (12P) Primary (12P) General (12G) Runoff (12F) PRE-Election Report for the: Convention (12C) Special (12S) Election on Election on General (30G) Runoff (30R) Special (30G) Report for the: Election on Election on Election on Election on Election on April 15 Quarterly Report (Q1) Dan 31 (YE) PRE-Election Report for the: Election on Find the State of General (30G) Runoff (30R) Special (30G) Report for the: Election on Electi		Report Due On:			
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) Quarterly Report (Q2) Convention (12P) Primary (12P) General (12G) Runoff (12F) Convention (12C) Special (12S) (d) 30-Day POST-Election General (30G) Runoff (30R) Special (30C) Runoff (30R) Special (30C) Report for the:	(a) Quarterly Reports:				(Non-Election Year Only)
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) 12-Day PRE-Election Report for the: Convention (12C) Special (12S) (c) 12-Day PRE-Election Report for the: Convention (12C) Special (12S) (d) 30-Day POST-Election Report for the: Election on Firmary (12P) General (12G) Runoff (12F) Special (12S) (d) 30-Day POST-Election Report for the: Election on Firmary (12P) General (12G) Runoff (12F) Special (12S)			Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Report for the: Convention (12C) Special (12S) M M M / D D / Y Y Y Y Y in the State of General (30G) Runoff (30R) Special (12S) Figure 15 General (30G) Runoff (30R) Special (30G) Runoff (30R) Special (30G) Report for the: Figure 25 Special (12S)	July 15	(C) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Election on MMM / DDD / YYYYY in the State of General (30G) Report (30R) Special (30G) Report in the State of	October 15	Report for the:	Convention (12C)	Special (12S)	
Report (Non-election Year Only) (MY) Termination Report (TER) Report (Non-election Year Only) (MY) Report (30G) Report (30G) Report (30G) Runoff (30R) Special (30G) Special	January 31				
Termination Report (TER) Election on Election on M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Report (Non-election	election (d) Bdy POST-Election	General (30G)	Runoff (30R)	Special (30S)
		Report			
	5. Covering Period 01				Y
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.	I certify that I have examined this	ned this Report and to the best of m	ly knowledge and belief it is tr	rue, correct and complete.	
Type or Print Name of Treasurer Regis T Robbins	Type or Print Name of Treasurer	asurer Regis T Robbins			
Signature of Treasurer Regis T Robbins [Electronically Filed] Date 04 30 2013	Signature of Treasurer Regis 2	Regis T Robbins	[Electronically Filed]		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g	NOTE: Submission of false, errone	erroneous, or incomplete information i	may subject the person signing	this Report to the penalties	of 2 U.S.C. §437g.
Office Use FEC FORM 3X Rev. 12/2004	I I I				

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

OmniCare, Inc. Politcal Action Committee

Report Covering the Period: From: 01 01 2013 To: 03 31 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date					
6.	(a) Cash on Hand January 1, 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)

Write or Type Committee Name

	OmniCare, Ir	nc. Politcal	Action C	Committee
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Report Covering the Period: From:	01 01 2013 To	: 03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
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(iii) TOTAL (add	12524.80	12524.80					
Lines 11(a)(i) and (ii)	18630.80	18630.80					
(b) Political Party Committees	0.00	0.00					
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00					
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other	18630.80	18630.80					
Party Committees	0.00	0.00					
13. All Loans Received	0.00	0.00					
Loan Repayments Received Offsets To Operating Expenditures (Refunds Related etc.)	0.00	0.00					
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00					
to Federal Candidates and Other Political Committees	0.00	0.00					
(Dividends, Interest, etc.)	0.00 ds	0.00					
(a) Non-Federal Account (from Schedule H3)	0.00	0.00					
(b) Levin Funds (from Schedule H5)	0.00	0.00					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
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	Total This Period					
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calendar Year-to-Date				
Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
(II) 11 - 1 - 1 - 1 - 1	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating	0.00	0.00				
Expenditures(c) Total Operating Expenditures	0.00	0.00				
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00				
Transfers to Affiliated/Other Party						
Committees	0.00	0.00				
Contributions to Federal Candidates/Committees						
and Other Political Committees	17500.00	17500.00				
Independent Expenditures	0.00	0.00				
(use Schedule E)	0.00	0.00				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
(use conedule i)		0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
Refunds of Contributions To: (a) Individuals/Persons Other						
Than Political Committees	0.00	0.00				
(h) Delitical Deuts Committee	0.00	0.00				
(b) Political Party Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
(626) 26 17166)	7					
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))▶	0.00	0.00				
Other Disbursements	0.00	0.00				
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	0.00	0.00				
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				
Lines 60(a)(i), 50(a)(ii) and 50(b))	7	5.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17500.00	17500.00				
_		7				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)	4750000	47500 00				
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	18630.80	18630.80
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18630.80	18630.80
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: **PAGE** 6 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Michael Arnold Date of Receipt Mailing Address 71 Sentry Drive 2013 City State Zip Code Transaction ID: SA11AI.11613 KY Wilder 41076 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Arnold Date of Receipt Mailing Address 71 Sentry Drive 03 29 2013 City State Zip Code Transaction ID: SA11AI.11721 KY Wilder 41076 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare Regional Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 01 18 2013 City State Zip Code Transaction ID: SA11AI.11160 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 190.00 С federal political committee. Name of Employer Occupation **VP Public Affairs** Omnicare, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 270.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 01 2013 City State Zip Code Transaction ID: SA11AI.11292 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing C 190.00 federal political committee. Name of Employer Occupation VP Public Affairs Omnicare. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 580.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 02 15 2013 City State Zip Code Transaction ID: SA11AI.11399 PA Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 190.00 federal political committee. Name of Employer Occupation Omnicare, Inc VP Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 770.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 03 01 2013 City State Zip Code Transaction ID: SA11AI.11509 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 190.00 С federal political committee. Name of Employer Occupation VP Public Affairs Omnicare, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) 570.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 2013 City State Zip Code Transaction ID: SA11AI.11615 PΑ Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing C 190.00 federal political committee. Name of Employer Occupation VP Public Affairs Omnicare. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 1150.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Baldwin Date of Receipt Mailing Address 208 Old Mill Road 03 29 2013 City State Zip Code Transaction ID: SA11AI.11723 PA Royersford 19468 Amount of Each Receipt this Period FEC ID number of contributing 190.00 federal political committee. Name of Employer Occupation Omnicare, Inc VP Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ross Brickley Date of Receipt Mailing Address 5408 Quetzel Ct. 03 15 2013 City State Zip Code Transaction ID: SA11AI.11621 NC Garner 27529 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation **RSA Director** Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 420.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 9 OF 29 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stator for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	ommittee	
Omnicare, Inc.	State Zip Code NC 27529 C Occupation RSA Director Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Randall Carpenter Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼ 300.00	Date of Receipt 02 01 2013 Transaction ID : SA11AI.11301 Amount of Each Receipt this Period
Pagaint For:	State Zip Code C Occupation Aggregate Year-to-Date ▼ 400.00	Date of Receipt 02
SUBTOTAL of Receipts This Page (optional)		240.00
TOTAL This Period (last page this line number on	ıly)ı	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 10 OF 29 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action C	Committee	
Full Name (Last, First, Middle Initial) Randall Carpenter Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼ 500.00	Date of Receipt 03 01 2013 Transaction ID: SA11AI.11518 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Randall Carpenter Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼ 600.00	Date of Receipt 03 15 2013 Transaction ID : SA11AI.11624 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Randall Carpenter Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼ 700.00	Date of Receipt 03 29 2013 Transaction ID : SA11AI.11732 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number o	only)	

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) William S Douglas Date of Receipt Mailing Address 2013 City State Zip Code Transaction ID: SA11AI.11630 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. William S Douglas Date of Receipt Mailing Address 03 29 2013 City State Zip Code Transaction ID: SA11AI.11738 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 02 01 2013 City State Zip Code Transaction ID: SA11AI.11308 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation VP OF OPERATIONS FINANCE OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 12 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 2013 City Zip Code State Transaction ID: SA11AI.11415 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 03 01 2013 City State Zip Code Transaction ID: SA11AI.11525 **CINCINNATI** OH 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 03 15 2013 City State Zip Code Transaction ID: SA11AI.11631 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation VP OF OPERATIONS FINANCE OMNICARE, INC Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

FOR LINE NUMBER: PAGE 13 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) ROBERT DRIES Date of Receipt Mailing Address 8018 MEADOWCREEK DRIVE 2013 City Zip Code State Transaction ID: SA11AI.11739 OH **CINCINNATI** 45244 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation OMNICARE, INC VP OF OPERATIONS FINANCE Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. WG Erwin Date of Receipt Mailing Address 02 01 2013 City State Zip Code Transaction ID: SA11AI.11310 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) W G Erwin Date of Receipt Mailing Address 02 15 2013 City State Zip Code Transaction ID: SA11AI.11417 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Cor	mmittee	
FEC ID number of contributing federal political committee. Name of Employer Oct Receipt For: Primary General Other (specify)	State Zip Code Cupation ggregate Year-to-Date ▼ 500.00	Date of Receipt 03 01 2013 Transaction ID: SA11AI.11527 Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. Name of Employer Oct Receipt For:	State Zip Code Cupation ggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Oct	State Zip Code Coupation ggregate Year-to-Date ▼ 700.00	Date of Receipt 03 29 2013 Transaction ID: SA11AI.11741 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)	.	

OMNICARE INC

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	F	TOTAL TROUBLETT.									29
Use separate schedule(s) for each category of the	(0	che	ck only	or	ıe)						
Detailed Summary Page		X	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) MELINDA FERRIS Date of Receipt Mailing Address 2036 BERKSHIRE RD 2013 15 City State Zip Code Transaction ID: SA11AI.11635 OH **COLUMBUS** 43221 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation OMNICARE INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MELINDA FERRIS Date of Receipt Mailing Address 2036 BERKSHIRE RD 03 29 2013 City Zip Code State Transaction ID: SA11AI.11743 **COLUMBUS** OH 43221 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Zames G Flood Mailing Address		Date of Receipt
City	State Zip Code	Transaction ID : SA11AI.11530 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00	
SUBTOTAL of Receipts This Page (optional)	272.00

PHARMACIST

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

FOR LINE NUMBER: PAGE 16 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) James G Flood Date of Receipt Mailing Address 2013 City State Zip Code Transaction ID: SA11AI.11636 Amount of Each Receipt this Period FEC ID number of contributing C 192.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 576.00 Other (specify) Full Name (Last, First, Middle Initial) B. James G Flood Date of Receipt Mailing Address 03 29 2013 City State Zip Code Transaction ID: SA11AI.11744 Amount of Each Receipt this Period FEC ID number of contributing C 192.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 768.00 Other (specify) Full Name (Last, First, Middle Initial) c. Terry Harris Date of Receipt Mailing Address 5649 Autumn Chase Circle 03 15 2013 Zip Code City State Transaction ID: SA11AI.11644 FL Sanford 32773 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director - Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 424.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Terry Harris Date of Receipt Mailing Address 5649 Autumn Chase Circle 2013 City State Zip Code Transaction ID: SA11AI.11752 FL Sanford 32773 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Sr. Director - Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. HAL J HENDERSON Date of Receipt Mailing Address 2908 PERIMETER CIRCLE 03 15 2013 City State Zip Code Transaction ID: SA11AI.11645 **BUFORD** GA 30519 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation **OMNICARE INC PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. HAL J HENDERSON Date of Receipt Mailing Address 2908 PERIMETER CIRCLE 03 29 2013 City State Zip Code Transaction ID: SA11AI.11753 GA **BUFORD** 30519 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation OMNICARE INC **PHARMACIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

29

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 01 2013 City State Zip Code Transaction ID: SA11AI.11323 FL Palm Harbor 34685 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation DCO Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 02 15 2013 City State Zip Code Transaction ID: SA11AI.11432 Palm Harbor FL 34685 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Omnicare, Inc. DCO Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 03 01 2013 City State Zip Code Transaction ID: SA11AI.11541 FL Palm Harbor 34685 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation DCO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 19 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 2013 City State Zip Code Transaction ID: SA11AI.11647 FL Palm Harbor 34685 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation DCO Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Hood Date of Receipt Mailing Address 3440 Brian Rd. South 03 29 2013 City State Zip Code Transaction ID: SA11AI.11755 Palm Harbor FL 34685 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Omnicare, Inc. DCO Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 02 15 2013 City State Zip Code Transaction ID: SA11AI.11436 MA Franklin 02038 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 20 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 01 2013 City State Zip Code Transaction ID: SA11AI.11545 MA Franklin 02038 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul J Jacques Date of Receipt Mailing Address 23 Winterberry Dr. 03 15 2013 City State Zip Code Transaction ID: SA11AI.11652 MA Franklin 02038 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 02 01 2013 City Zip Code State Transaction ID: SA11AI.11333 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation CPA Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOI	R LINE	NU	MBER	:	PAGE	2	21	OF	2	9
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Detailed Summary Page	×	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. Politcal Action Committee Full Name (Last, First, Middle Initial) Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 2013 City State Zip Code Transaction ID: SA11AI.11442 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation CPA Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 03 01 2013 City State Zip Code Transaction ID: SA11AI.11551 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Omnicare CPA Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 03 15 2013 City Zip Code State Transaction ID: SA11AI.11658 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation CPA Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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

	FOR LINE NUMBER:					PAGE	2	22 OF		29
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Detailed Summary Page	×	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. Politcal Action Committee Full Name (Last, First, Middle Initial) Robert Kraft Date of Receipt Mailing Address 233 Burns Ave 29 2013 City State Zip Code Transaction ID: SA11AI.11763 OH Cincinnati 45215 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation CPA Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna M Lecky Date of Receipt Mailing Address 03 29 2013 City Zip Code State Transaction ID: SA11AI.11767 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Thomas Schleigh Mailing Address City	State Zip Code	Date of Receipt 03 15 2013 Transaction ID : SA11AI.11684
FEC ID number of contributing federal political committee. Name of Employer	C Occupation	Amount of Each Receipt this Period 40.00
Bi-weekly Payroll Deduction - \$25 Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)		180.00

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

	FOR LINE NUMBER:					PAGE	- 2	23	OF	29
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Detailed Summary Page	<u> </u> ×	11a		11b		11c		12		
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Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	n Committee	
Full Name (Last, First, Middle Initial) Thomas Schleigh		Date of Receipt
Mailing Address		03 29 2013
City	State Zip Code	Transaction ID : SA11AI.11788 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Bi-weekly Payroll Deduction - \$25	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Rolf Schrader Mailing Address 4140 North Moor Rd		Date of Receipt
City	State Zip Code	03 15 2013 Transaction ID : SA11AI.11685
Toledo FEC ID number of contributing federal political committee.	OH 43606	Amount of Each Receipt this Period 40.00
Name of Employer Omnicare, Inc.	Occupation Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Rolf Schrader		Date of Receipt
Mailing Address 4140 North Moor Rd		03 29 2013
City Toledo	State Zip Code OH 43606	Transaction ID : SA11AI.11789 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	-
Omnicare, Inc. Receipt For:	Pharmacist Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	Aggregate Teal-to-Date •	
SUBTOTAL of Receipts This Page (optional).		120.00
TOTAL This Period (last page this line numb	<u> </u>	

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,		13		14		15		16	Г] ₁ .

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. Politcal Action Committee Full Name (Last, First, Middle Initial) Thomas Trite Date of Receipt Mailing Address 6512 Windmere Rd 2013 City State Zip Code Transaction ID: SA11AI.11698 PΑ Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Pharmacist Omnicare Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Trite Date of Receipt Mailing Address 6512 Windmere Rd 03 29 2013 City State Zip Code Transaction ID: SA11AI.11802 PA Harrisburg 17111 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 01 18 2013 City State Zip Code Transaction ID: SA11AI.11283 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation CFO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 205.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 25 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 01 2013 City State Zip Code Transaction ID: SA11AI.11391 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 02 15 2013 City State Zip Code Transaction ID: SA11AI.11499 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Omnicare, Inc. **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 03 01 2013 City State Zip Code Transaction ID: SA11AI.11607 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation CFO Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

29

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 2013 City Zip Code State Transaction ID: SA11AI.11714 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Name of Employer Occupation CFO Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 03 29 2013 City State Zip Code Transaction ID: SA11AI.11818 KY Covington 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Omnicare, Inc. **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) Full Name (Last, First, Middle Initial) c. Barbara J Zarowitz Date of Receipt Mailing Address 4551 Old Orchard Trail 03 29 2013 City Zip Code State Transaction ID: SA11AI.11821 MI Orchard Lake 48324 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Chief Clinical Officer Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 290.00 SUBTOTAL of Receipts This Page (optional)..... 6106.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Han annual of the	FOR LINE	NUMBER:	PAGE 27 OF 29
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	one)	
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem				
or for commercial purposes, other than using the name	ie and address of any polit	icai committee to	SOUCH CONTIDUTIONS IN	oni such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Cor	nmittee			
Full Name (Last, First, Middle Initial)				
A. DEMOCRATIC SENATORIAL CAN	MPAIGN COMMITT	TEE	Date of Disburseme	ent
Mailing Address 120 MARYLAND AVE NE			01 28	2013
,	State Zip Code		Transaction ID : S	SR23 11825
WASHINGTON	DC 20002		Transaction ib . S	5623.11023
Purpose of Disbursement		011	Amount of Each Di	sbursement this Period
Candidate Name DEMOCRATIC SENATORIAL CAMPAIG		Category/ Type		5000.00
	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) B. GUTHRIE FOR CONGRESS			Date of Disburseme	ent
			M M / D D	/ Y = Y = Y = Y
Mailing Address PO BOX 9639			02 25	2013
City S BOWLING GREEN	State Zip Code KY 42102		Transaction ID : \$	SB23.11829
Purpose of Disbursement		011	Amount of Each Di	sbursement this Period
Candidate Name GUTHRIE FOR CONGRESS		Category/ Type		2000.00
Office Sought: House Disbursen	nent For:	i ype		
Senate	Primary General Other (specify) ▼			
State: KY District: 02	Callet (opcolity)			
Full Name (Last, First, Middle Initial) C. Jim JIM GERLACH FOR CONGRE	ESS		Date of Disburseme	ent
Mailing Address PO BOX 87			02 Z5	2013
City	State Zip Code			2D00 44624
UWCHLAND	PA 19480		Transaction ID:	SB23.11834
Purpose of Disbursement		044		
Candidate Name		011	Amount of Each Di	sbursement this Period
Jim JIM GERLACH FOR CONGRE	ESS	Category/ Type		1000.00
Office Sought: House Disbursen		7,6-5		
	Primary General Other (specify) ▼			
State: PA District: 06				
SURTOTAL of Disbursoments This Page (antisms)				8000.00
SUBTOTAL of Disbursements This Page (optional)		······		2550.00
TOTAL This Period (last page this line number only).				

SCHEDULE B (FEC Form 3X)	11-		FOR LINE	NUMBER:	•	PAC	GE 28	OF	29
TEMIZED DISBURSEMENTS		ate schedule(s) ategory of the	(check only	one)					
		Summary Page	21b 27	22 28a	23 28b	24 28c	25 29		30
Any information copied from such Reports and Statem									;
or for commercial purposes, other than using the nam	ne and addre	ess of any polition	cal committee to	solicit cor	ntributions	from suc	n comm	ıttee.	
NAME OF COMMITTEE (In Full)									
OmniCare, Inc. Politcal Action Con	nmittee								
Full Name (Last, First, Middle Initial)				<u> </u>	D				_
A. PALLONE FOR CONGRESS				Date of	Disburse		YYY		
Mailing Address PO BOX 3176				02	2		2013	_ Y	
•	State	Zip Code		Trans	action ID	: SB23.11	831		
9	NJ	07740		ITALIS	action ib	. 3623.11	031		
Purpose of Disbursement			011	Amount	of Each	Disbursen	nent this	Perio	od
Candidate Name			Category/				250	20.00	
PALLONE FOR CONGRESS			Туре				250	00.00	_
Office Sought: House Disbursem		General							
	Primary Other (speci								
State: NJ District: 06	Other (speci	''y) ▼							
Full Name (Last, First, Middle Initial)									_
3. Thomas THOMAS MASSIE FOR C	ONGRE	SS		Date of	Disburse	ment			
				M = M	/ D	D / Y	- Y - Y	■ Y	
Mailing Address PO BOX 1444				02	2	5	2013		
,	State	Zip Code		Trans	action ID	: SB23.11	838		
FLORENCE Purpose of Disbursement	KY	41022							
. alpose of Disbardomont			011	Amount	of Each	Disbursen	nent this	Perio	od
Candidate Name			Category/	-				-	
Thomas THOMAS MASSIE FOR C	ONGRE	SS	Type				250	00.00	
Office Sought: House Disbursem									
	Primary	General							
President State: KY District: 04	Other (speci	Ty) ▼							
Full Name (Last, First, Middle Initial)									_
TIM MURPHY FOR CONGRESS				Date of	Disburse	ment			
Moiling Address D.O. DOV 04554				M M	/ D		2012	Y	
Mailing Address P.O. BOX 24551				01	2	0	2013		
,	State	Zip Code		Trane	action ID	: SB23.11	827		_
	PA	15234		ITAIIS	action ib	. 3023.11	021		
Purpose of Disbursement			011						
Candidate Name				Amount	of Each	Disbursen	nent this	Perio	d
TIM MURPHY FOR CONGRESS			Category/ Type				150	00.00	
Office Sought: House Disbursen	nent For:				- 7	- 7			Τ
	Primary	General							
	Other (speci	ify) 🔻							
State: PA District: 18									
SUPTOTAL of Dishurasments This Dage (anti-							650	00.00	
SUBTOTAL of Disbursements This Page (optional)			·····	-		7			
TOTAL This Period (last page this line number only).									

SCHEDULE B (FEC Form 3X)	11	and a street to the	FOR LINE	NUMBER:		PAGE	29 OF	F 29
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only				٦ ٥٠ -	
		Summary Page	21b 27	22 28a	23 28b	24 28c	25 29	30
Any information copied from such Reports and Staten								
or for commercial purposes, other than using the name	ne and addi	ress of any polition	cal committee to	solicit cor	ntributions	trom such of	committe	е.
NAME OF COMMITTEE (In Full)	no ma !44 = -							
OmniCare, Inc. Politcal Action Cor	nmittee							
Full Name (Last, First, Middle Initial)				.	. Divi			
A. TREY GOWDY FOR CONGRESS							V - V - V	
Mailing Address PO BOX 3324				02				
City	State	Zip Code		Trans	action ID :	SB23 1183	5	
SPARTANBURG	SC	29304		IIalis	action iD .	3623.1103		
Purpose of Disbursement			011	Amount	t of Each [Disbursemer	nt this Pe	eriod
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TREY GOWDY FOR CONGRESS			Type		the purpose of soliciting contribution to contributions from such committees te of Disbursement 25	JU		
Office Sought: House Disburser Senate	nent For: Primary	General						
President	Other (spe							
State: SC District: 04	(-1							
Full Name (Last, First, Middle Initial)								
3. WHITFIELD FOR CONGRESS CO	DMMITT	EE		Date of	Disbursen	nent		
Mailing Address P.O. BOX 391				M = M				
Mailing Address P.O. BOX 391				UZ	23		2013	
•	State	Zip Code		Trans	action ID :	SB23.1182	28	
HOPKINSVILLE Purpose of Disbursement	KY	42241						
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WHITFIELD FOR CONGRESS CC		ŁE	Type			7	1000.0	JU
Office Sought: House Disbursen Senate	nent For: Primary	General						
	Other (spec							
State: KY District: 01		- <i>31</i> - ▼						
Full Name (Last, First, Middle Initial)	<u> </u>			<u> </u>				
C. WYDEN FOR SENATE								
Mailing Address 232 NE 9TH AVENUE				M = M				
	_							
•	State OR	Zip Code 97232		Trans	action ID :	SB23.1182	26	
Purpose of Disbursement		31232						
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WYDEN FOR SENATE	mont Fam		Туре				1000.0	<i>.</i>
Office Sought: House Disburser Senate	nent For: Primary	General						
President	Other (spe							
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-			I				0000	20
SUBTOTAL of Disbursements This Page (optional)			·····•				3000.0	JU
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