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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) PharMerica Corporation Political Action Committee PPAC 1901 Campus Place ADDRESS (number and street) (Check if address is changed) Louisville 40299 KY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PACTreasurer@PharMerica.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00397455 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mr. Dave Froesel Type or Print Name of Treasurer Mr. Dave Froesel [Electronically Filed] 09 10 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	emocratic, epublican, etc.) Party.
Poli	itical A	action Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a
		X Corporation Corporation w/o Capital Stock	_abor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	Δ		

Title or Position Treasurer

books and records. Mr. Dave Froesel Full Name Mailing Address 1901 Campus Place Mailing Address Title or Position CITY STATE ZIP CODE Custodian Telephone number 502 - 627 - 7000 Telephone number	Г		
PharMerica Corporation Political Action Committee PPAC 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor PharMerica Corporation	FEC Form 1 (Revised	02/2009)	Page 3
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor PharMerica Corporation 1901 Campus Place	Write or Type Committee Name	е	-
PharMerica Corporation 1901 Campus Place	PharMerica Co	rporation Political Action Committee Pl	PAC
Mailing Address 1901 Campus Place	6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Mailing Address Louisville	PharMerica Corporation	on 	
Mailing Address Louisville			
CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Mr. Dave Froesel Full Name 1901 Campus Place Louisville KY 40299	Mailing Address	1901 Campus Place	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name 1901 Campus Place Mailing Address Title or Position CITY STATE ZIP CODE Custodian Telephone number 502 - 627 - 7000 Mr. Dave Froesel of Treasurer List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).	Mailing Address		
Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Mr. Dave Froesel Full Name 1901 Campus Place Mailing Address 1901 Campus Place City STATE ZIP CODE Custodian Telephone number 502 - 627 - 7000 Telephone number 502 - 627 - 7000 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Mr. Dave Froesel of Treasurer		Louisyille KY	40299
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Mr. Dave Froesel Full Name 1901 Campus Place Mailing Address 1901 Campus Place Louisville KY 40299 Title or Position CITY STATE ZIP CODE Custodian Telephone number 502 627 7000 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Mr. Dave Froesel of Treasurer		OTATE	710,0005
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mr. Dave Froesel Full Name Mailing Address Interior Position CITY STATE Interior Position CITY STATE Interior Position Custodian Telephone number 502 627 7000 7000 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mr. Dave Froesel of Treasurer		CITY STATE	ZIP CODE
Books and records. Mr. Dave Froesel Full Name Mailing Address Interpolation CITY STATE Interpolation Custodian Telephone number	Relationship: X Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Mailing Address 1901 Campus Place	books and records.		on in possession of committee
Title or Position CITY STATE ZIP CODE Custodian Telephone number Telephone num		1901 Campus Place	
Title or Position CITY STATE ZIP CODE Custodian Telephone number Telephone num	Mailing Address		
Title or Position CITY STATE ZIP CODE Custodian Telephone number Telephone num		Lavia illa	40299
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Mr. Dave Froesel of Treasurer		Louisville	
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Mr. Dave Froesel of Treasurer	Title or Position	CITY STATE	ZIP CODE
any designated agent (e.g., assistant treasurer). Full Name Mr. Dave Froesel of Treasurer 1901 Campus Place	Custodian	Telephone number 502	_ 627 _ 7000
of Treasurer			d the name and address of
1901 Campus Place	I all Italiio	Froesel	
Mailing Address	Mailing Address	11901 Campus Place	
Louisville			

CITY

STATE

Telephone number

502

ZIP CODE

7000

627

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Full Name of Designated	Connie Grivois	
Agent		
Mailing Address	1901 Campus Place	
	Louisville KY 40299	-
	CITY STATE Z	IP CODE
Title or Position Assistant Treas	urer	27 - 7000
Danks or Other	· Demonitarion. List all hands on other demonitarion in which the committee demonite funds hadde	accounts rents
safety deposit be Name of Bank,	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc.	decounts, rents
safety deposit be	oxes or maintains funds.	
safety deposit be	Depository, etc. Bank Of America PO Box 25118	
safety deposit be Name of Bank,	Depository, etc. Bank Of America PO Box 25118	
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safety deposit be Name of Bank,	Depository, etc. Bank Of America PO Box 25118 Tampa FL 33622-512	
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