## 10/13/2010 10:27

## Image# NOTIFICATION OF MULTICANDIDATE STATUS

( See reverse side for instructions ) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL OmniCare, Inc. Politcal Action Committee (b) Number and Street Address 1600 River Center II 2. FEC IDENTIFICATION NUMBER C00392886 100 East River Center Blvd (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) STATE PARTY Covington ΚY 41101 X OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: FEC Identification Number: STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Name Office Sought State/District **Date** (i) MICHAEL BILIRAKIS 11/10/2004 House FL 09 (ii) **ELIJAH E CUMMINGS** 07 10/19/2004 House MD (iii) LLOYD A MR. DOGGETT House TΧ 25 11/01/2007 (iv) FRANK JR PALLONE 10/20/2008 House NJ 06 - NATHAN DEAL FOR CONGRESS (v) House GΑ 10 07/01/2005 (b) Contributors: The committee received a contribution from its 51st contributor 12/29/2008 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 11/24/2003 (d) Qualification: The committee met the above requirements on: I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. TYPE OR PRINT NAME OF TREASURER DATE SIGNATURE OF TREASURER Electronically Filed by Thomas R Marsh 10/13/2010 Thomas R Marsh Text ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1 M
Revised 1/2001