

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

OmniCare, Inc. Political Action Committee

ADDRESS (number and street)

1600 River Center II

100 East River Center Blvd

☐Check if different
than previously
reported. (ACC)

Covington

KY

41101

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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
Quarterly 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

☐☐☐in the
State of☐(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

07

01

2010

through

09

30

2010

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

Tom Marsh

Signature of Treasurer

Electronically Filed by Tom Marsh

Date

10

08

2010

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)

2 / 49

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

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

To:

M M
0 9D D
3 0Y Y Y Y
2 0 1 0

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 Y Y Y Y 2010 | | 32353.40 |
| (b) Cash on Hand at Beginning of Reporting Period | 44052.49 | |
| (c) Total Receipts (from Line 19) | 5089.94 | 18683.90 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 49142.43 | 51037.30 |
| 7. Total Disbursements (from Line 31) | 13640.48 | 15535.35 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 35501.95 | 35501.95 |
| 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)

3 / 49

Write or Type Committee Name

OmniCare, Inc. Political Action Committee

Report Covering the Period:

From:

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

To:

M M
0 9D D
3 0Y Y Y Y
2 0 1 0

| 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) | 4617.42 | 13224.08 |
| (ii) Unitemized | 472.52 | 5459.82 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 5089.94 | 18683.90 |
| (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) | 5089.94 | 18683.90 |
| 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 Transfer (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)) | 5089.94 | 18683.90 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 5089.94 | 18683.90 |

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared 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..... | 13500.00 | 15500.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (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..... | 140.48 | 35.35 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared 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)).. | 13640.48 | 15535.35 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 13640.48 | 15535.35 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| 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) | 5089.94 | 18683.90 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5089.94 | 18683.90 |
| 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 / 49

(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

A.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6822

Amount of Each Receipt this Period

41.67

Semi-monthly payroll dedu-
ction - \$41.67

B.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6832

Amount of Each Receipt this Period

41.67

Semi-monthly payroll dedu-
ction - \$41.67

C.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.05

Date of Receipt

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

Transaction ID: SA11AI.6897

Amount of Each Receipt this Period

41.67

Semi-monthly Payroll Dedu-
ction - \$41.67

SUBTOTAL of Receipts This Page (optional)

125.01

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 / 49

(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

A.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

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

Transaction ID: SA11AI.6907

Amount of Each Receipt this Period

41.67

Semi-monthly Payroll Deduction - \$41.67

B.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.39

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6975

Amount of Each Receipt this Period

41.67

Semi-monthly payroll deduction - \$41.67

C.

Full Name (Last, First, Middle Initial)

BRADLEY S ABBOTT

Mailing Address 2050 DAMSON DRIVE

City

VILLA HILLS

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6984

Amount of Each Receipt this Period

41.67

Semi-monthly payroll deduction - \$41.67

SUBTOTAL of Receipts This Page (optional)

125.01

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 8 / 49

(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

A.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.6787

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

B.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6808

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

C.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.6862

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 2 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6882

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00**B.**

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 0 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6936

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00**C.**

Full Name (Last, First, Middle Initial)

Charles Agonis

Mailing Address 1416 Pheasant Landing Dr.

City

Plainfield

State

IL

Zip Code

60586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare of No. IL.Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 1 | 7 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6960

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 49

(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

A.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

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 ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6823

Amount of Each Receipt this Period

42.00

Semi-monthly payroll dedu-
ction - \$42.00

B.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

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 ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6833

Amount of Each Receipt this Period

42.00

Semi-monthly payroll dedu-
ction - \$42.00

C.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

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 ▼

630.00

Date of Receipt

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

Transaction ID: SA11AI.6898

Amount of Each Receipt this Period

42.00

Semi-monthly Payroll Dedu-
ction - \$42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 49

(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

A.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

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 ▼

672.00

Date of Receipt

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

Transaction ID: SA11AI.6908

Amount of Each Receipt this Period

42.00

Semi-monthly Payroll Deduction - \$42.00

B.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

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 ▼

714.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6976

Amount of Each Receipt this Period

42.00

Semi-monthly payroll deduction - \$42.00

C.

Full Name (Last, First, Middle Initial)

SCOTT ARLEDGE

Mailing Address 1016 LOCKSLEY CIRCLE

City

BHAM

State

AL

Zip Code

35242

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 ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6985

Amount of Each Receipt this Period

42.00

Semi-monthly payroll deduction - \$42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 49

(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

A.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6826

Amount of Each Receipt this Period

200.00

Semi-monthly payroll dedu-
ction - \$200.00

B.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6836

Amount of Each Receipt this Period

200.00

Semi-monthly payroll dedu-
ction - \$200.00

C.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.6901

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 49

(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

A.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

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

Transaction ID: SA11AI.6911

Amount of Each Receipt this Period

200.00

Semi-monthly Payroll Deduction - \$200.00

B.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6978

Amount of Each Receipt this Period

200.00

Semi-monthly payroll deduction - \$200.00

C.

Full Name (Last, First, Middle Initial)

Paul Baldwin

Mailing Address 208 Old Mill Road

City

Royersford

State

PA

Zip Code

19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6987

Amount of Each Receipt this Period

200.00

Semi-monthly payroll deduction - \$200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 49

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DONALD BARNES

Mailing Address 32 W CO RD 300 S

City

GREENCASTLE

State

IN

Zip Code

46135

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.6788

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

B.

Full Name (Last, First, Middle Initial)

DONALD BARNES

Mailing Address 32 W CO RD 300 S

City

GREENCASTLE

State

IN

Zip Code

46135

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6806

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

C.

Full Name (Last, First, Middle Initial)

DONALD BARNES

Mailing Address 32 W CO RD 300 S

City

GREENCASTLE

State

IN

Zip Code

46135

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
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.6864

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 49

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DONALD BARNES

Mailing Address 32 W CO RD 300 S

City

GREENCASTLE

State

IN

Zip Code

46135

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 0 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6884

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00**B.**

Full Name (Last, First, Middle Initial)

DONALD BARNES

Mailing Address 32 W CO RD 300 S

City

GREENCASTLE

State

IN

Zip Code

46135

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 3 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6938

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00**C.**

Full Name (Last, First, Middle Initial)

DONALD BARNES

Mailing Address 32 W CO RD 300 S

City

GREENCASTLE

State

IN

Zip Code

46135

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6962

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 49

(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

A.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6825

Amount of Each Receipt this Period

85.00

Semi-monthly payroll dedu-
ction - \$85.00

B.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6835

Amount of Each Receipt this Period

85.00

Semi-monthly payroll dedu-
ction - \$85.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

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

Transaction ID: SA11AI.6900

Amount of Each Receipt this Period

85.00

Semi-monthly Payroll Dedu-
ction - \$85.00

SUBTOTAL of Receipts This Page (optional)

255.00

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 17 / 49

(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

A.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

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

Transaction ID: SA11AI.6910

Amount of Each Receipt this Period

85.00

Semi-monthly Payroll Deduction - \$85.00

B.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1445.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6977

Amount of Each Receipt this Period

85.00

Semi-monthly payroll deduction - \$85.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY E BIEN

Mailing Address 6210 NUEVELLE LANE

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

SPECIAL ADVISOR TO CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6986

Amount of Each Receipt this Period

85.00

Semi-monthly payroll deduction - \$85.00

SUBTOTAL of Receipts This Page (optional)

255.00

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 18 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INCOccupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6818

Amount of Each Receipt this Period

20.00

Semi-monthly payroll dedu-
ction - \$20.00**B.**

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INCOccupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6828

Amount of Each Receipt this Period

20.00

Semi-monthly payroll dedu-
ction - \$20.00**C.**

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INCOccupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.6893

Amount of Each Receipt this Period

20.00

Semi-monthly Payroll Dedu-
ction - \$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 49

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INCOccupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.6903

Amount of Each Receipt this Period

20.00

Semi-monthly Payroll Deduction - \$20.00

B.

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INCOccupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 5 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6971

Amount of Each Receipt this Period

20.00

Semi-monthly payroll deduction - \$20.00

C.

Full Name (Last, First, Middle Initial)

ROBERT F BRADY

Mailing Address 753 ST ANNES

City

HOLLAND

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INCOccupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 3 | 0 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6980

Amount of Each Receipt this Period

20.00

Semi-monthly payroll deduction - \$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 49

(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

A.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

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
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.6793

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

B.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

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
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6810

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

C.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.6868

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: SA11AI.6886

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

B.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.6941

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

C.

Full Name (Last, First, Middle Initial)

Brian Egan

Mailing Address 9945 SE GIA CT.

City

Portland

State

OR

Zip Code

97086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc - Evergreen

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.6965

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6797

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-
on - \$50.00**B.**

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 3 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6816

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-
on - \$50.00**C.**

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 0 | 6 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6872

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 49

(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

A.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: SA11AI.6891

Amount of Each Receipt this Period

50.00

Bi-weekly Payroll Deducti-
on - \$50.00

B.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.6946

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-
on - \$50.00

C.

Full Name (Last, First, Middle Initial)

HAL J HENDERSON

Mailing Address 2908 PERIMETER CIRCLE

City

BUFORD

State

GA

Zip Code

30519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.6969

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-
on - \$50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 49

(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

A.

Full Name (Last, First, Middle Initial)
CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City State Zip Code
FLORENCE KY 41042

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6824

Amount of Each Receipt this Period

60.00

Semi-monthly payroll deduc-
tion - \$60.00

B.

Full Name (Last, First, Middle Initial)
CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City State Zip Code
FLORENCE KY 41042

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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6834

Amount of Each Receipt this Period

60.00

Semi-monthly payroll deduc-
tion - \$60.00

C.

Full Name (Last, First, Middle Initial)
CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City State Zip Code
FLORENCE KY 41042

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 ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.6899

Amount of Each Receipt this Period

60.00

Semi-monthly Payroll Dedu-
ction - \$60.00

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 25 / 49

(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

A.

Full Name (Last, First, Middle Initial)
CHRISTOPHER HORN

Mailing Address 7190 HIGHPOINT DR

City State Zip Code
FLORENCE KY 41042

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 ▼

960.00

Date of Receipt

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

Transaction ID: SA11AI.6909

Amount of Each Receipt this Period

60.00

Semi-monthly Payroll Deduction - \$60.00

B.

Full Name (Last, First, Middle Initial)
MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.70

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6821

Amount of Each Receipt this Period

34.90

Semi-monthly payroll deduction - \$34.90

C.

Full Name (Last, First, Middle Initial)
MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City State Zip Code
CINCINNATI OH 45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.60

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6831

Amount of Each Receipt this Period

34.90

Semi-monthly payroll deduction - \$34.90

SUBTOTAL of Receipts This Page (optional)

129.80

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 26 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.50

Date of Receipt

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

Transaction ID: SA11AI.6896

Amount of Each Receipt this Period

34.90

Semi-monthly Payroll Deduction - \$34.90

B.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.40

Date of Receipt

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

Transaction ID: SA11AI.6906

Amount of Each Receipt this Period

34.90

Semi-monthly Payroll Deduction - \$34.90

C.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.30

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6974

Amount of Each Receipt this Period

34.90

Semi-monthly payroll deduction - \$34.90

SUBTOTAL of Receipts This Page (optional)

104.70

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 27 / 49

(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

A.

Full Name (Last, First, Middle Initial)

MARK G KOBASUK

Mailing Address 7393 PINEHURST DR

City

CINCINNATI

State

OH

Zip Code

45244

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

628.20

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6983

Amount of Each Receipt this Period

34.90

Semi-monthly payroll deduc-
tion - \$34.90

B.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.6796

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deducti-
on - \$40.00

C.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City

Southampton

State

MA

Zip Code

01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6815

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deducti-
on - \$40.00

SUBTOTAL of Receipts This Page (optional)

114.90

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 28 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Southampton | MA | 01073 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, IncOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 6 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6871

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40.00**B.**

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Southampton | MA | 01073 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, IncOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 0 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6890

Amount of Each Receipt this Period

40.00

Bi-weekly Payroll Deducti-
on - \$40.00**C.**

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Southampton | MA | 01073 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, IncOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 3 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6945

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deducti-
on - \$40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 49

(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

A.

Full Name (Last, First, Middle Initial)

Andrew H Kowal

Mailing Address 153 R Pomeroy Meadow Road

City State Zip Code
 Southampton MA 01073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.6968

Amount of Each Receipt this Period

40.00

Bi-weekly payroll deducti-
on - \$40.00

B.

Full Name (Last, First, Middle Initial)

DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
 MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.6791

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

C.

Full Name (Last, First, Middle Initial)

DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City State Zip Code
 MALTA NY 12020

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6812

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 49

(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

A.

Full Name (Last, First, Middle Initial)

DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City

MALTA

State

NY

Zip Code

12020

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.6867

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

B.

Full Name (Last, First, Middle Initial)

DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City

MALTA

State

NY

Zip Code

12020

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: SA11AI.6887

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

C.

Full Name (Last, First, Middle Initial)

DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City

MALTA

State

NY

Zip Code

12020

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.6940

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DALE LEWIS

Mailing Address 117 PLUM POPPY NORTH

City

MALTA

State

NY

Zip Code

12020

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.6964

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00**B.**

Full Name (Last, First, Middle Initial)

THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6820

Amount of Each Receipt this Period

25.00

Semi-monthly payroll dedu-
ction - \$25.00**C.**

Full Name (Last, First, Middle Initial)

THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6830

Amount of Each Receipt this Period

25.00

Semi-monthly payroll dedu-
ction - \$25.00

SUBTOTAL of Receipts This Page (optional)

70.00

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 32 / 49

(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

A.

Full Name (Last, First, Middle Initial)

THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.6895

Amount of Each Receipt this Period

25.00

Semi-monthly Payroll Deduction - \$25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.6905

Amount of Each Receipt this Period

25.00

Semi-monthly Payroll Deduction - \$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6973

Amount of Each Receipt this Period

25.00

Semi-monthly payroll deduction - \$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 49

(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

A.

Full Name (Last, First, Middle Initial)
THOMAS W LUDEKE

Mailing Address 10428 KONSTANTINE LANE

City State Zip Code
LOVELAND OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6982

Amount of Each Receipt this Period

25.00

Semi-monthly payroll deduc-
tion - \$25.00

B.

Full Name (Last, First, Middle Initial)
JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City State Zip Code
NASHVILLE TN 37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.6819

Amount of Each Receipt this Period

21.00

Semi-monthly payroll deduc-
tion - \$21.00

C.

Full Name (Last, First, Middle Initial)
JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City State Zip Code
NASHVILLE TN 37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation
CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6829

Amount of Each Receipt this Period

21.00

Semi-monthly payroll deduc-
tion - \$21.00

SUBTOTAL of Receipts This Page (optional)

67.00

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 34 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11AI.6894

Amount of Each Receipt this Period

21.00

Semi-monthly Payroll Deduction - \$21.00

B.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: SA11AI.6904

Amount of Each Receipt this Period

21.00

Semi-monthly Payroll Deduction - \$21.00

C.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 5 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6972

Amount of Each Receipt this Period

21.00

Semi-monthly payroll deduction - \$21.00

SUBTOTAL of Receipts This Page (optional)

63.00

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 35 / 49

(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

A.

Full Name (Last, First, Middle Initial)

JAMES MATHIS

Mailing Address 4308 BRUSH HILL ROAD

City

NASHVILLE

State

TN

Zip Code

37216

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

CORPORATE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6981

Amount of Each Receipt this Period

21.00

Semi-monthly payroll deduction - \$21.00

B.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.6794

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deduction - \$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6813

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deduction - \$25.00

SUBTOTAL of Receipts This Page (optional)

71.00

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 36 / 49

(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

A.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.6869

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.6888

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.6944

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-
on - \$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 49

(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

A.

Full Name (Last, First, Middle Initial)

THOMAS A SCHLEIGH, Jr.

Mailing Address 2110 RIVER BEND WAY

City

KINGWOOD

State

TX

Zip Code

77345

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE

Occupation

RVP - MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.6966

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-
on - \$25.00

B.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.6792

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

C.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6811

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

SUBTOTAL of Receipts This Page (optional)

65.00

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 38 / 49

(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

A.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.6866

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

B.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: SA11AI.6885

Amount of Each Receipt this Period

20.00

Bi-weekly Payroll Deducti-
on - \$20.00

C.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.6942

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 49

(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

A.

Full Name (Last, First, Middle Initial)

ROBIN TAYLOR

Mailing Address 4520 MOSS RIDGE LANE

City

INDIANAPOLIS

State

IN

Zip Code

46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.6963

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-
on - \$20.00

B.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.6795

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-
on - \$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6814

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-
on - \$25.00

SUBTOTAL of Receipts This Page (optional)

70.00

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 40 / 49

(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

A.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.6870

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

B.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.6889

Amount of Each Receipt this Period

25.00

Bi-weekly Payroll Deducti-
on - \$25.00

C.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.6943

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-
on - \$25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 49

(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

A.

Full Name (Last, First, Middle Initial)

THOMAS TUCKER

Mailing Address 11201 RIVER OAKS LN W

City

OSCEOLA

State

IN

Zip Code

46561

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE, INC

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.6967

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-
on - \$25.00

B.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.6790

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

C.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6807

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 49

(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

A.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

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
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.6865

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

B.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: SA11AI.6881

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

C.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.6937

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tim Waters

Mailing Address 47 Terra Ave.

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Omnicare, Inc.Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6959

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00**B.**

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INCOccupation
PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 0 | 9 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6789

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00**C.**

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INCOccupation
PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 3 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.6809

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 49

(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

A.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.6863

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: SA11AI.6883

Amount of Each Receipt this Period

15.00

Bi-weekly Payroll Deducti-
on - \$15.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.6939

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 49

(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

A.

Full Name (Last, First, Middle Initial)

MICHAEL ZANDRI

Mailing Address 8215 ROYAL SCARLET DRIVE

City

BALDWINVILLE

State

NY

Zip Code

13027

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNICARE INC

Occupation

PHARMACIST/AREA MANAGER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.6961

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-
on - \$15.00

SUBTOTAL of Receipts This Page (optional)

15.00

TOTAL This Period (last page this line number only)

4617.42

**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 46 / 49

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

A.

Full Name (Last, First, Middle Initial)

AMERICA'S LEADERSHIP PAC

Mailing Address 607 14th Street, NW, Suite 800

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Senator Debbie Stabenow

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.6912

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 3 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

BUTTERFIELD FOR CONGRESS

Mailing Address PO Box 2571

City
WilsonState
NCZip Code
27894Purpose of Disbursement
Rep. G.K. Butterfield

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 01

Transaction ID: SB23.6920

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BARROW

Mailing Address PO Box 8166

City
SavannahState
GAZip Code
31412Purpose of Disbursement
Rep. John Barrow

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: SB23.6922

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 49

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
Contribution

Candidate Name

006

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: KY District: 04

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.6839

Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

MURPHY FOR CONGRESS COMMITTEE

Mailing Address 350 NEPONSET ST UNIT J

City CANTON State MA Zip Code 02021

Purpose of Disbursement
Rep. Tim Murphy

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 09

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.6919

Date of Disbursement

09 / 09 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Rep. Frank Pallone

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 06

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.6913

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**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 48 / 49

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

A.

Full Name (Last, First, Middle Initial)

SNOWE FOR SENATE

Mailing Address PO BOX 2012

City
PORTLANDState
MEZip Code
04104Purpose of Disbursement
Primary election contribution - \$1,500.00

Candidate Name

007
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ President

State: ME District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6777

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 1 | 4 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

WHITFIELD FOR CONGRESS

Mailing Address P.O. BOX 391

City
HOPKINSVILLEState
KYZip Code
42241Purpose of Disbursement
Rep. Ed Whitfield

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

State: KY District: 01

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.6918

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 3 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

13500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 49

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

OmniCare, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mellon Financial

Mailing Address 500 Ross Street
Room 1380

City Pittsburgh State PA Zip Code 15262-0001

Purpose of Disbursement
Account Analysis Fees - \$57.63

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.6778

Date of Disbursement

07 / 23 / 2010

Amount of Each Disbursement this Period

57.63

B.

Full Name (Last, First, Middle Initial)

Mellon Financial

Mailing Address 500 Ross Street
Room 1380

City Pittsburgh State PA Zip Code 15262-0001

Purpose of Disbursement
Account Analysis Fees - \$36.13

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.6924

Date of Disbursement

08 / 23 / 2010

Amount of Each Disbursement this Period

36.13

SUBTOTAL of Disbursements This Page (optional)

93.76

TOTAL This Period (last page this line number only)

93.76