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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines OmniCare, Inc. Politcal Action Committee 1600 River Center II ADDRESS (number and street) 100 East River Center Blvd Check if different than previously Covington ΚY 41101 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00392886 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2010 09 30 2010 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Tom Marsh Type or Print Name of Treasurer Electronically Filed by Tom Marsh 10 8 0 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 49 FEC Form 3X (Rev. 02/2003)

	Write or Type Committee Name OmniCare, Inc. Politcal Action Committee					
Report Covering the Period: From: M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y						
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6.	(a) Cash on Hand January 1 2010 Y Y Y		32353.40			
	(b) Cash on Hand at Begining 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

X 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. Politcal Action Committee

Report Covering the Period:

м м 0 7

From:

D D D

2010

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м м

D D D

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ributions (other than loans) From:		
	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
. ,	Other Political Committees (such as PACs) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5089.94	18683.90
	sfers From Affiliated/Other Committees	0.00	0.00
3. All Lo	ans Received	0.00	0.00
	Repayments Receivedets To Operating Expenditures	0.00	0.00
(Carr	inds, Rebates, etc.) y Totals to Line 37, page 5) nds of Contributions Made	0.00	0.00
	deral candidates and Other cal Committees	0.00	0.00
	r Federal Receipts dends, Interest, etc.)	0.00	0.00
8. Trans	sfers from Non-Federal and Levin Funds		
` ,	on-Federal Account from Schedule H3)	0.00	0.00
(b) Le	evin Funds (from Schedule H5)	0.00	0.00
(c) To	otal Transfer (add 18(a) and 18(b)).	0.00	0.00
	Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))	5089.94	18683.90
	Federal Receipts act Line 18(c) from Line 19)	5089.94	18683.90

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		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
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	13500.00	15500.00
4. Independent Expenditure		
(use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
S. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
Than Follical Committees		
(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
O. Other Disbursements	140.48	35.35
). Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13640.48	15535.35
2. 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) 5 / 49

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	5089.94	18683.90
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5089.94	18683.90
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
Α.	Mailing Address 2050 DAMSON DRIV	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State KY	Zip Code	Transaction ID: SA11AI.6822
	VILLA HILLS FEC ID number of contributing federal political committee.	C	41017	Amount of Each Receipt this Period 41.67
	Name of Employer OMNICARE, INC	Occupation VP & CC	on ONTROLLER	Semi-monthly payroll dedu- ction - \$41.67
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 541.71	
- В.	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DRIV	Date of Receipt		
	Mailing Address 2050 DAMISON DRIV	07 30 2010		
	City State Zip Code			Transaction ID: SA11Al.6832
	VILLA HILLS KY FEC ID number of contributing federal political committee.		41017	Amount of Each Receipt this Period 41.67
	Name of Employer OMNICARE, INC	Occupation VP & CONTROLLER		Semi-monthly payroll deduction - \$41.67
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 583.38	
-).	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
	Mailing Address 2050 DAMSON DRIV	/E		0 8
	City VILLA HILLS	State KY	Zip Code 41017	Transaction ID: SA11Al.6897 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer OMNICARE, INC Occupation VP & CONTROLLER			Semi-monthly Payroll Deduction - \$41.67
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 625.05	
	SUBTOTAL of Receipts This Page (optional)			125.01
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		•	125.01

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT	Date of Receipt		
	Mailing Address 2050 DAMSON DRI'		7:01	08 / 31 / 2010
	City VILLA HILLS	State KY	Zip Code 41017	Transaction ID: SA11AI.6907 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41017	41.67
	Name of Employer OMNICARE, INC	Occupation VP & CO	n NTROLLER	Semi-monthly Payroll Deduction - \$41.67
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.72	
 3.	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DRI	Date of Receipt		
	Maining Address 2000 DAINISON DITT	09 15 2010		
	City State Zip Code			Transaction ID: SA11AI.6975
	VILLA HILLS FEC ID number of contributing federal political committee.	C ID number of contributing leral political committee.		Amount of Each Receipt this Period 41.67
	Name of Employer OMNICARE, INC			Semi-monthly payroll deduction - \$41.67
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 708.39	
- :.	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
	Mailing Address 2050 DAMSON DRIVE			09 30 2010
	City VILLA HILLS	State KY	Zip Code 41017	Transaction ID: SA11AI.6984 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 41017		41.67
	Name of Employer OMNICARE, INC VP & CONTROLLER			Semi-monthly payroll deduction - \$41.67
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.06	
Γ	SUBTOTAL of Receipts This Page (optional)			125.01

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	eparate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 8 / 49 (check only one) X 11a 11b 11c 12 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	n for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Land City Plainfield FEC ID number of contributing federal political committee. Name of Employer Omnicare of No. IL. Receipt For: Primary General Other (specify)		6	Date of Receipt M M M / D D M 2 0 1 0 Transaction ID: SA11AI.6787 Amount of Each Receipt this Period 15.00 Bi-weekly payroll deduction - \$15.00
Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Land City Plainfield FEC ID number of contributing federal political committee. Name of Employer Omnicare of No. IL. Receipt For: Primary General Other (specify)	ng Dr. State Zip C IL 6058 C Occupation Pharmacist Aggregate Year-to-D	6	Date of Receipt M M M / D D M 2 3 / 2 0 1 0 Transaction ID: SA11AI.6808 Amount of Each Receipt this Period 15.00 Bi-weekly payroll deduction - \$15.00
Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Land City Plainfield FEC ID number of contributing federal political committee. Name of Employer Omnicare of No. IL. Receipt For: Primary General Other (specify)	State Zip C IL 6058 C Occupation Pharmacist Aggregate Year-to-D	6	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	·····	45.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 49 (check only one) X 11a 11b 11c 12 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	Statements may not be sold or used by any persename and address of any political committee the mittee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landi City Plainfield FEC ID number of contributing federal political committee. Name of Employer Omnicare of No. IL. Receipt For: Primary General		Date of Receipt M M D D 2 0 1 0 Transaction ID: SA11AI.6882 Amount of Each Receipt this Period 15.00 Bi-weekly Payroll Deduction - \$15.00
Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landi City Plainfield FEC ID number of contributing federal political committee. Name of Employer Omnicare of No. IL. Receipt For:		Date of Receipt M M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Charles Agonis Mailing Address 1416 Pheasant Landi City Plainfield FEC ID number of contributing federal political committee. Name of Employer Omnicare of No. IL.	270.00 Ing Dr. State Zip Code IL 60586 C	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Pharmacist Aggregate Year-to-Date ▼ 285.00	45.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a		
Any information copied from such Reports a or for commercial purposes, other than using	on for the purpose of soliciting contributions o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	mmittee				
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE					
Mailing Address 1016 LOCKSLEY (07 15 2010				
City BHAM	State AL	Zip Code 35242	Transaction ID: SA11AI.6823 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	00272	42.00		
Name of Employer OMNICARE INC	Occupation PHARMA		Semi-monthly payroll dedu- ction - \$42.00		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 546.00			
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE	Date of Receipt				
Mailing Address 1016 LOCKSLEY CIRCLE			0 7 3 0 Y Y Y Y Y		
City BHAM	State AL	Zip Code 35242	Transaction ID: SA11Al.6833 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			42.00		
Name of Employer OMNICARE INC	Occupation PHARMA		Semi-monthly payroll deduction - \$42.00		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 588.00]		
Full Name (Last, First, Middle Initial) SCOTT ARLEDGE			Date of Receipt		
Mailing Address 1016 LOCKSLEY CIRCLE			0 8 1 3 2 0 1 0		
City BHAM	State AL	Zip Code 35242	Transaction ID: SA11AI.6898 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			42.00		
Name of Employer OMNICARE INC PHARMACIST			Semi-monthly Payroll Deduction - \$42.00		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.00			
SUBTOTAL of Receipts This Page (options	ol)		126.00		

SCHEDULE A (I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 49 (check only one) X
or for commercial purpos NAME OF COMMITT	es, other than using the name an	s may not be sold or used by any perso d address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First SCOTT ARLEDGE Mailing Address 10 City BHAM FEC ID number of co federal political communication of Employer OMNICARE INC	16 LOCKSLEY CIRCLE Stat AL ntributing ittee. Occu	re Zip Code 35242 pation RMACIST	Date of Receipt M M S S S S S S
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 672.00	
Full Name (Last, First SCOTT ARLEDGE Mailing Address 10 City	, Middle Initial) 16 LOCKSLEY CIRCLE Stat	re Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
BHAM FEC ID number of co federal political comm Name of Employer OMNICARE INC	ittee.	35242 pation	Amount of Each Receipt this Period 42.00 Semi-monthly payroll deduction - \$42.00
Receipt For: Primary Other (specify)	General	RMACIST egate Year-to-Date ▼ 714.00	
Full Name (Last, First SCOTT ARLEDGE Mailing Address 10	, Middle Initial) 16 LOCKSLEY CIRCLE	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City BHAM	Stat AL	e Zip Code 35242	Transaction ID: SA11AI.6985 Amount of Each Receipt this Period
FEC ID number of co	ntributing		42.00
Name of Employer OMNICARE INC	Occu PHA	Semi-monthly payroll dedu- ction - \$42.00	
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 756.00	
SUBTOTAL of Receipt	This Page (optional)		126.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 49 (check only one) X 11a
	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	e name and ad	y not be sold or used by any personderss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road			Date of Receipt 0 7 1 5 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11Al.6826
	Royersford	PA	19468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			200.00
	Name of Employer Omnicare, Inc	Semi-monthly payroll deduction - \$200.00		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2600.00]
- s.	Full Name (Last, First, Middle Initial) Paul Baldwin	Date of Receipt		
	Mailing Address 208 Old Mill Road	07 30 2010		
	City	Transaction ID: SA11AI.6836		
	Royersford	PA	19468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Omnicare, Inc	Occupatio VP Publi		Semi-monthly payroll deduction - \$200.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2800.00]
_	Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
	Mailing Address 208 Old Mill Road			0 8 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.6901
	Royersford	PA	19468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Omnicare, Inc	Occupatio VP Publi	c Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	
	SUBTOTAL of Receipts This Page (optional)	1		600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road City Royersford FEC ID number of contributing federal political committee.	State PA	Zip Code 19468	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify) ▼	Occupation VP Publi Aggregate		Semi-monthly Payroll Dedu- ction - \$200.00
	Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	Transaction ID: SA11AI.6978		
	Royersford	PA	19468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			200.00
	Name of Employer Omnicare, Inc	Occupatio VP Publi		Semi-monthly payroll deduction - \$200.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3400.00	
	Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
Mailing Address 208 Old Mill Road			09 30 2010	
	City	State	Zip Code	Transaction ID: SA11AI.6987
	Royersford PA 19468 FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Occupation VP Public Affairs			Amount of Each Receipt this Period 200.00
				Semi-monthly payroll deduction - \$200.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3600.00	
S	UBTOTAL of Receipts This Page (optional)			600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Com	Statements may not be sold or used by any persone name and address of any political committee mittee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DONALD BARNES Mailing Address 32 W CO RD 300 S City GREENCASTLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	State Zip Code IN 46135 C Occupation PHARMACIST Aggregate Year-to-Date 210.00	Date of Receipt 0 7 0 9 2 0 1 0 Transaction ID: SA11AI.6788 Amount of Each Receipt this Period 15.00 Bi-weekly payroll deduction - \$15.00
Full Name (Last, First, Middle Initial) DONALD BARNES Mailing Address 32 W CO RD 300 S City GREENCASTLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	State Zip Code IN 46135 C Occupation PHARMACIST Aggregate Year-to-Date 225.00	Date of Receipt M
Full Name (Last, First, Middle Initial) DONALD BARNES Mailing Address 32 W CO RD 300 S City GREENCASTLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	State Zip Code IN 46135 C Occupation PHARMACIST Aggregate Year-to-Date 240.00	Date of Receipt M M M O B O C O C O C O C O C O C O C O C O C
SUBTOTAL of Receipts This Page (optional)		45.00

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)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	mittee		
Full Name (Last, First, Middle Initial) DONALD BARNES			Date of Receipt
Mailing Address 32 W CO RD 300 S			08 20 Y Y Y Y Y Y
City GREENCASTLE	State IN	Zip Code 46135	Transaction ID: SA11AI.6884
FEC ID number of contributing federal political committee.	C	40133	Amount of Each Receipt this Period 15.00
Name of Employer OMNICARE, INC	Occupatio PHARMA		Bi-weekly Payroll Deduction - \$15.00
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) DONALD BARNES			Date of Receipt
Mailing Address 32 W CO RD 300 S			0 9 0 3 2 0 1 0
City GREENCASTLE	State IN	Zip Code 46135	Transaction ID: SA11AI.6938 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40100	15.00
Name of Employer OMNICARE, INC	Occupatio PHARMA		Bi-weekly payroll deduction - \$15.00
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) DONALD BARNES			Date of Receipt
Mailing Address 32 W CO RD 300 S			0 9 1 7 2 0 1 0
City GREENCASTLE	State IN	Zip Code 46135	Transaction ID: SA11AI.6962
FEC ID number of contributing federal political committee.	C	40100	Amount of Each Receipt this Period 15.00
Name of Employer OMNICARE, INC	Occupatio PHARMA		Bi-weekly payroll deducti- on - \$15.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	
SUBTOTAL of Receipts This Page (optional)			45.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 49 (check only one) X
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action C	and Statements may not be sold or used by any personing the name and address of any political committee to committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE City CINCINNATI FEC ID number of contributing	State Zip Code OH 45243	Date of Receipt M M
Receipt For: Primary Other (specify) General	Occupation SPECIAL ADVISOR TO CEO Aggregate Year-to-Date 1105.00	Semi-monthly payroll deduction - \$85.00
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE City	State Zip Code	Date of Receipt M
CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	OCCUPATION SPECIAL ADVISOR TO CEO Aggregate Year-to-Date 1190.00	Amount of Each Receipt this Period 85.00 Semi-monthly payroll deduction - \$85.00
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN Mailing Address 6210 NUEVELLE City CINCINNATI FEC ID number of contributing federal political committee.	State Zip Code OH 45243	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 3 2 0 1 0 Transaction ID: SA11Al.6900 Amount of Each Receipt this Period 85.00
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼	Occupation SPECIAL ADVISOR TO CEO Aggregate Year-to-Date 1275.00	Semi-monthly Payroll Deduction - \$85.00
SUBTOTAL of Receipts This Page (option	onal)	255.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 49 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Cor	mmittee		
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN			Date of Receipt
Mailing Address 6210 NUEVELLE L	ANE		08 31 2010
City	State	Zip Code	Transaction ID: SA11AI.6910
CINCINNATI	OH	45243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer OMNICARE, INC	Occupation SPECIAL	n L ADVISOR TO CEO	Semi-monthly Payroll Deduction - \$85.00
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1360.00	
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN			Date of Receipt
Mailing Address 6210 NUEVELLE L	ANE		09 15 2010
City	State	Zip Code	Transaction ID: SA11AI.6977
CINCINNATI	OH	45243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer OMNICARE, INC	Occupation SPECIAL	n L ADVISOR TO CEO	Semi-monthly payroll deduction - \$85.00
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 1445.00]
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN			Date of Receipt
Mailing Address 6210 NUEVELLE L	ANE		0 9 3 0 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.6986
CINCINNATI	OH	45243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer OMNICARE, INC	Occupation SPECIAL	n L ADVISOR TO CEO	Semi-monthly payroll deduction - \$85.00
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		1530.00	
SUBTOTAL of Receipts This Page (optiona			255.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 49 (check only one) X 11a
,	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Committee (In Full)	ne name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) ROBERT F BRADY Mailing Address 753 ST ANNES			Date of Receipt 0 7 1 5 2 0 1 0
	City HOLLAND	State OH	Zip Code 43528	Transaction ID: SA11AI.6818 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC	Occupatio SALES	n	Semi-monthly payroll deduction - \$20.00
	Receipt For: Primary General Other (specify) ▼	- 	e Year-to-Date ▼ 260.00	
	Full Name (Last, First, Middle Initial) ROBERT F BRADY Mailing Address 753 ST ANNES			Date of Receipt 0 7 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.6828
	HOLLAND FEC ID number of contributing federal political committee.	ОН	43528	Amount of Each Receipt this Period 20.00
	Name of Employer OMNICARE INC	Occupatio SALES	n	Semi-monthly payroll deduction - \$20.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	
	Full Name (Last, First, Middle Initial) ROBERT F BRADY			Date of Receipt
	Mailing Address 753 ST ANNES			08 13 YYYY 2010
	City HOLLAND	State OH	Zip Code 43528	Transaction ID: SA11AI.6893
	FEC ID number of contributing federal political committee.	C	45320	Amount of Each Receipt this Period 20.00
	Name of Employer OMNICARE INC	Occupatio SALES	n	Semi-monthly Payroll Deduction - \$20.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	1		60.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 49 (check only one) X
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee		
	Full Name (Last, First, Middle Initial) ROBERT F BRADY			Date of Receipt
	Mailing Address 753 ST ANNES			08 31 2010
	City	State	Zip Code	Transaction ID: SA11AI.6903
	HOLLAND	OH	43528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer OMNICARE INC	Occupation	n	Semi-monthly Payroll Deduction - \$20.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
_	Full Name (Last, First, Middle Initial) ROBERT F BRADY			Date of Receipt
	Mailing Address 753 ST ANNES			0 9 1 5 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11Al.6971
	HOLLAND	OH	43528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer OMNICARE INC	Occupation SALES	n	Semi-monthly payroll deduction - \$20.00
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		340.00	
_	Full Name (Last, First, Middle Initial) ROBERT F BRADY			Date of Receipt
	Mailing Address 753 ST ANNES			09 30 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.6980
	HOLLAND FEC ID number of contributing federal political committee.	ОН	43528	Amount of Each Receipt this Period 20.00
	Name of Employer OMNICARE INC	Occupation	n	Semi-monthly payroll deduction - \$20.00
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 360.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		60.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee (In Full)	Statements may not be sold or used by any person name and address of any political committee to mittee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT. City Portland FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc - Evergreen Receipt For: Primary General Other (specify)	State Zip Code OR 97086 C Occupation Pharmacist Aggregate Year-to-Date 280.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT. City Portland FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc - Evergreen Receipt For: Primary General Other (specify)	State Zip Code OR 97086 C Occupation Pharmacist Aggregate Year-to-Date 300.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT. City Portland FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc - Evergreen Receipt For: Primary General Other (specify)	State Zip Code OR 97086 C Occupation Pharmacist Aggregate Year-to-Date 320.00	Date of Receipt M M D D P P P P P P P P
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 49 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	ne name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT. City Portland FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc - Evergreen Receipt For: Primary General Other (specify)	State Zip Code OR 97086 C Occupation Pharmacist Aggregate Year-to-Date 340.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT. City Portland FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc - Evergreen Receipt For: Primary General Other (specify)	State Zip Code OR 97086 C Occupation Pharmacist Aggregate Year-to-Date 360.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 O 3 2 0 1 0 Transaction ID: SA11AI.6941 Amount of Each Receipt this Period 20.00 Bi-weekly payroll deduction - \$20.00
Full Name (Last, First, Middle Initial) Brian Egan Mailing Address 9945 SE GIA CT. City Portland FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc - Evergreen Receipt For: Primary General Other (specify)	State Zip Code OR 97086 C Occupation Pharmacist Aggregate Year-to-Date 380.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		60.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 49 (check only one) X
Ar	ny information copied from such Reports and for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	OmniCare, Inc. Politcal Action Com	ımittee		
۱.	Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER C	NDCLE		Date of Receipt
	City	State	Zip Code	0 7 0 9 2 0 1 0 Transaction ID: SA11AI.6797
	BUFORD	GA	30519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly payroll deducti- on - \$50.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
- 3.	Full Name (Last, First, Middle Initial) HAL J HENDERSON			Date of Receipt
	Mailing Address 2908 PERIMETER C	CIRCLE		07 23 2010
	City	State	Zip Code	Transaction ID: SA11Al.6816
	BUFORD	GA	30519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly payroll deduction - \$50.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
_	Full Name (Last, First, Middle Initial) HAL J HENDERSON			Date of Receipt
	Mailing Address 2908 PERIMETER C	CIRCLE		08 06 2010
	City	State	Zip Code	Transaction ID: SA11AI.6872
	BUFORD	GA	30519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 Bi-weekly Payroll Deducti-
	Name of Employer OMNICARE INC	Occupation PHARMA	ACIST	on - \$50.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
	UBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 49 (check only one)
Any information copied from for commercial purpose	om such Reports and Statements ma es, other than using the name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITT	<u>-</u>		
Full Name (Last, First, HAL J HENDERSON	Middle Initial)		Date of Receipt
	08 PERIMETER CIRCLE		0 8 2 0 2 0 1 0
City BUFORD	State GA	Zip Code	Transaction ID: SA11AI.6891
FEC ID number of cor federal political commi	ntributing	30519	Amount of Each Receipt this Period 50.00
Name of Employer OMNICARE INC	Occupation PHARM		Bi-weekly Payroll Deduction - \$50.00
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 850.00	
Full Name (Last, First, HAL J HENDERSON	Middle Initial)		Date of Receipt
	08 PERIMETER CIRCLE		0 9 0 3 2 0 1 0
City BUFORD	State GA	Zip Code 30519	Transaction ID: SA11AI.6946 Amount of Each Receipt this Period
FEC ID number of cor federal political commi	ntributing		50.00
Name of Employer OMNICARE INC	Occupation PHARM		Bi-weekly payroll deduction - \$50.00
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 900.00]
Full Name (Last, First,	Middle Initial)		Date of Receipt
	08 PERIMETER CIRCLE		0 9 1 7 2 0 1 0
City BUFORD	State GA	Zip Code 30519	Transaction ID: SA11AI.6969
FEC ID number of cor federal political commi	ntributing	30319	Amount of Each Receipt this Period 50.00
Name of Employer OMNICARE INC	Occupation PHARM		Bi-weekly payroll deducti- on - \$50.00
Receipt For: Primary Other (specify)	General Aggregate	e Year-to-Date ▼ 950.00	
SUBTOTAL of Receipts	L		150.00

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) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Commercial Purposes (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to nmittee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT D	DR	Date of Receipt 0 7 1 5 2 0 1 0
City FLORENCE FEC ID number of contributing	State Zip Code KY 41042	Transaction ID: SA11AI.6824 Amount of Each Receipt this Period 60.00
federal political committee. Name of Employer OMNICARE INC	Occupation	Semi-monthly payroll deduction - \$60.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT D	DR	Date of Receipt 0 7 0 0 7 2 0 1 0
City FLORENCE	State Zip Code KY 41042	Transaction ID: SA11AI.6834 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 840.00	Semi-monthly payroll deduction - \$60.00
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT D		Date of Receipt
City	State Zip Code	0 8 1 3 2 0 1 0 Transaction ID: SA11AI.6899
FLORENCE FEC ID number of contributing federal political committee.	KY 41042	Amount of Each Receipt this Period 60.00
Name of Employer OMNICARE INC	Occupation	Semi-monthly Payroll Deduction - \$60.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optional))	180.00
TOTAL This Period (last page this line numb	per only)	•

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of 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) NAME OF COMMITTEE (In Full) Pull Name (Last, First, Middle Initial) HISTOPHER HORN Mailing Address 7190 HIGHPOINT DR City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) MARK G KOBASUK Mailing Address 7393 PINEHURST DR City State Zip Code CINCINNATI CH 45244 Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) MARK G KOBASUK Mailing Address 7393 PINEHURST DR City State Zip Code CINCINNATI City State Zip Code CinCinner State Receipt the Period Aggregate Year-to-Date ▼ Aggregate Year-to-Date		CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) CHRISTOPHER HORN Malling Address 7190 HIGHPOINT DR City State Zip Code FEC ID number of contributing federal political committee. Name of Enployer OKNICARE INC Receipt For: Primary General Other (specify) ▼ FUI Name (Last, First, Middle Initial) MARK G KOBASUK Name of Enployer OKNICARE Receipt For: Primary General Other (specify) ▼ FUI Name (Last, First, Middle Initial) Name of Enployer OKNICARE Receipt For: Primary General Other (specify) ▼ FUI Name (Last, First, Middle Initial) Name of Enployer OKNICARE Receipt For: Primary General Other (specify) ▼ FUI Name (Last, First, Middle Initial) Name of Enployer OKNICARE Receipt For: Primary General Other (specify) ▼ FUI Name (Last, First, Middle Initial) Name of Enployer OKNICARE Receipt For: Primary General Other (specify) ▼ FUI Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ FUI Name (Last, First, Middle Initial) ARK G KOBASUK Malling Address 7393 PINEHURST DR CL FUI Name (Last, First, Middle Initial) ARK G KOBASUK Malling Address 7393 PINEHURST DR CL FUI Name (Last, First, Middle Initial) ARK G KOBASUK Malling Address 7393 PINEHURST DR CL FUI Name (Last, First, Middle Initial) ARK G KOBASUK Malling Address 7393 PINEHURST DR CL FUI Name (Last, First, Middle Initial) ARK G KOBASUK Malling Address 7393 PINEHURST DR CL FUI Name (Last, First, Middle Initial) ARK G KOBASUK Malling Address 7393 PINEHURST DR CL Semi-monthly payroll dedu- CL Transaction ID: SA11 Al.6831 Amount of Each Receipt this Period CL Semi-monthly payroll dedu- Ction - \$34.90	An	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. CHRISTOPHER HORN Mailing Address 7190 HIGHPOINT DR City State Zip Code KY 41042 FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼		Omnicare, Inc. Political Action Comm	nittee		
City State Zip Code	۵.	CHRISTOPHER HORN			Date of Receipt
FLORENCE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC City State Zip Code OINICARE INC OCcupation Name of Employer OMNICARE Primary General OCcupation City State Zip Code OINICARE Primary General OCcupation OCcupation OCcupation OCcupation Date of Receipt No N					08 31 2010
FEC ID number of contributing federal political committee. Name of Employer OMNICARE Name of Employer OMNICARE NC Other (specify) ▼		-			
Occupation Coccupation C		FEC ID number of contributing		11012	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARK G KOBASUK Mailing Address 7393 PINEHURST DR City State Zip Code OH 45244 FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation City State Zip Code OH 453.70 Date of Receipt Mark 15 / 2 0 1 0 Transaction ID: SA11Al.6821 Amount of Each Receipt this Period Semi-monthly payroll deduction - \$34.90 Semi-monthly payroll deduction - \$34.90 Date of Receipt For: Aggregate Year-to-Date ▼ Date of Receipt For: Aggregate Year-to-Date ▼ Transaction ID: SA11Al.6821 Amount of Each Receipt this Period Semi-monthly payroll deduction - \$34.90 Date of Receipt For: Amount of Each Receipt this Period Transaction ID: SA11Al.6821 Amount of Each Receipt Forion Transaction ID: SA11Al.6821 Amount of Each Receipt Forion Transaction ID: SA11Al.6821 Amount of Each Receipt Forion 34.90 Semi-monthly payroll deduction - \$34.90 Semi-monthly payroll deduction - \$34.90 Semi-monthly payroll deduction - \$34.90		Name of Employer OMNICARE INC	Occupatio	n	Semi-monthly Payroll Deduction - \$60.00
MARK G KOBASUK Mailing Address 7393 PINEHURST DR City State Zip Code OH 45244 FEC ID number of contributing federal political committee. Name of Employer OMNICARE Primary General Other (specify) ▼ City State Zip Code OH 45244 Amount of Each Receipt this Period Semi-monthly payroll deduction - \$34.90 Semi-monthly payroll deduction - \$34.90 Semi-monthly payroll deduction - \$34.90 Transaction ID: SA11AI.6821 Amount of Each Receipt this Period Semi-monthly payroll deduction - \$34.90 Transaction ID: SA11AI.6831 Date of Receipt Mount of Each Receipt this Period Semi-monthly payroll deduction - \$34.90 Transaction ID: SA11AI.6831 Amount of Each Receipt Mount of E		Primary General	Aggregate	960.00	
City State Zip Code CINCINNATI OH 45244 FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Other (specify) ▼ 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. Name of Employer OMNICARE Primary General Other (specify) ▼ City State Zip Code CINCINNATI OH 45244 FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Occupation GENERAL COUNSEL Aggregate Year-to-Date ▼ Occupation GENERAL COUNSEL Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	 3.	MARK G KOBASUK			- '
CINCINNATI OH 45244 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Other (specify) ▼ 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. Name of Employer OMNICARE Receipt For: GENERAL COUNSEL Amount of Each Receipt this Period Semi-monthly payroll deduction - \$34.90 Transaction ID: SA11AI.6831 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Amount of Each Receipt this Period Semi-monthly payroll deduction - \$34.90 Semi-monthly payroll deduction - \$34.90		Mailing Address /393 PINEHURST DR	{ 		
FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Other (specify) ▼ 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. Name of Employer OMNICARE Receipt For: QHOWNICARE Aggregate Year-to-Date ▼		•		•	
Receipt For: Primary General Other (specify) ▼ 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. Name of Employer OMNICARE Receipt For: Primary General GENERAL COUNSEL Aggregate Year-to-Date ▼		FEC ID number of contributing		45244	34.90
Primary General Other (specify) ▼ 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. Name of Employer OMNICARE Receipt For: Primary General Aggregate Year-to-Date ▼		Name of Employer OMNICARE			Semi-monthly payroll dedu- ction - \$34.90
MARK G KOBASUK Mailing Address 7393 PINEHURST DR City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE Primary General Date of Receipt M M M O 7 3 0 2 0 1 0 Transaction ID: SA11AI.6831 Amount of Each Receipt this Period Semi-monthly payroll deduction - \$34.90		Primary General	Aggregate	1 1 1 1 1 1 1	
City CINCINNATI OH 45244 Receipt For: Primary State Zip Code OH 45244 CINCINNATI OH 45244 Amount of Each Receipt this Period Semi-monthly payroll deduction - \$34.90 Semi-monthly payroll deduction - \$34.90	—).	,			Date of Receipt
CINCINNATI OH 45244 FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Amount of Each Receipt this Period 34.90 Semi-monthly payroll deduction - \$34.90		Mailing Address 7393 PINEHURST DF	?		
FEC ID number of contributing federal political committee. Name of Employer OMNICARE		•		·	
GENERAL COUNSEL Receipt For: Primary General Aggregate Year-to-Date ▼		FEC ID number of contributing			34.90
Primary General		Name of Employer OMNICARE			Semi-monthly payroll dedu- ction - \$34.90
		Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)	SI	UBTOTAL of Receipts This Page (optional)	1		129.80

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) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Commit	name and address of any political committee	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) MARK G KOBASUK Mailing Address 7393 PINEHURST DR City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For:	State Zip Code OH 45244 C Occupation GENERAL COUNSEL Aggregate Year-to-Date ▼	Date of Receipt M M J D D J 2010 Transaction ID: SA11Al.6896 Amount of Each Receipt this Period 34.90 Semi-monthly Payroll Deduction - \$34.90
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARK G KOBASUK Mailing Address 7393 PINEHURST DR	523.50	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Other (specify)	State Zip Code OH 45244 C Occupation GENERAL COUNSEL Aggregate Year-to-Date 558.40	Transaction ID: SA11AI.6906 Amount of Each Receipt this Period 34.90 Semi-monthly Payroll Deduction - \$34.90
Full Name (Last, First, Middle Initial) MARK G KOBASUK Mailing Address 7393 PINEHURST DR City CINCINNATI FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General Other (specify)	State Zip Code OH 45244 C Occupation GENERAL COUNSEL Aggregate Year-to-Date ▼ 593.30	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		104.70

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) X 11a 11b 11c 12
	Statements may not be sold or used by any persone name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	mittee	
Full Name (Last, First, Middle Initial) MARK G KOBASUK		Date of Receipt
Mailing Address 7393 PINEHURST D		09 30 2010
City CINCINNATI	State Zip Code OH 45244	Transaction ID: SA11AI.6983 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	34.90
Name of Employer OMNICARE	Occupation GENERAL COUNSEL	Semi-monthly payroll dedu- ction - \$34.90
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 628.20	
Full Name (Last, First, Middle Initial) Andrew H Kowal		Date of Receipt
Mailing Address 153 R Pomeroy Mea	dow Road	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.6796
Southampton	MA 01073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc	Occupation Pharmacist	Bi-weekly payroll deduction - \$40.00
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	560.00	
Full Name (Last, First, Middle Initial) Andrew H Kowal		Date of Receipt
Mailing Address 153 R Pomeroy Mea	dow Road	0 7
City	State Zip Code	Transaction ID: SA11AI.6815
Southampton	MA 01073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc	Occupation Pharmacist	Bi-weekly payroll deduction - \$40.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		114.90

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee (In Full)	e name and addre	not be sold or used by any personal solution of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Mead City Southampton FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify)	State MA C Occupation Pharmacis	Zip Code 01073 st /ear-to-Date ▼ 640.00	Date of Receipt M M M O 6 2010 Transaction ID: SA11AI.6871 Amount of Each Receipt this Period 40.00 Bi-weekly Payroll Deduction - \$40.00
Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Mead City Southampton FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify)	State MA C Occupation Pharmacis	Zip Code 01073 st /ear-to-Date ▼ 680.00	Date of Receipt M M 20
Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Mead City Southampton FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify)	State MA C Occupation Pharmacis	Zip Code 01073 st /ear-to-Date ▼ 720.00	Date of Receipt 0 9 0 3 2 0 1 0 Transaction ID: SA11AI.6945 Amount of Each Receipt this Period 40.00 Bi-weekly payroll deduction - \$40.00
SUBTOTAL of Receipts This Page (optional)			120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 49 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Co.	the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Andrew H Kowal Mailing Address 153 R Pomeroy Me City Southampton FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc Receipt For: Primary General Other (specify)	State MA C Occupation Pharmac		Date of Receipt M M M / D D D 2 2 0 1 0 Transaction ID: SA11AI.6968 Amount of Each Receipt this Period 40.00 Bi-weekly payroll deduction - \$40.00
Full Name (Last, First, Middle Initial) DALE LEWIS Mailing Address 117 PLUM POPPY City MALTA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	State NY C Occupation PHARMA		Date of Receipt M M O 7 O 9 2 0 1 0 Transaction ID: SA11AI.6791 Amount of Each Receipt this Period 20.00 Bi-weekly payroll deduction - \$20.00
Full Name (Last, First, Middle Initial) DALE LEWIS Mailing Address 117 PLUM POPPY City MALTA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	State NY C Occupation PHARMA		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	al))	80.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Co.	and Statements may not be sold or used by any per g the name and address of any political committee ommittee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DALE LEWIS Mailing Address 117 PLUM POPP	/ NORTH	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City MALTA	State Zip Code NY 12020	Transaction ID: SA11AI.6867 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify) ▼	Occupation PHARMACIST Aggregate Year-to-Date 320.00	Bi-weekly Payroll Deduction - \$20.00
Full Name (Last, First, Middle Initial) DALE LEWIS Mailing Address 117 PLUM POPP	/ NORTH	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	0 8 2 0 2 0 1 0 Transaction ID: SA11AI.6887
MALTA	NY 12020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00 Bi-weekly Payroll Deducti-
Name of Employer OMNICARE, INC	Occupation PHARMACIST	on - \$20.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) DALE LEWIS		Date of Receipt
Mailing Address 117 PLUM POPP	/ NORTH	09 03 2010
City MALTA	State Zip Code NY 12020	Transaction ID: SA11AI.6940 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer OMNICARE, INC	Occupation PHARMACIST	Bi-weekly payroll deduction - \$20.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (option	al)	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each c	rate schedule(s) ategory of the summary Page	FOR LINE NUMBER: PAGE 31 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	name and address of any p	or used by any person political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) DALE LEWIS Mailing Address 117 PLUM POPPY NO City MALTA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	ORTH State Zip Code NY 12020 C Occupation PHARMACIST Aggregate Year-to-Date		Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: SA11AI.6964 Amount of Each Receipt this Period 20.00 Bi-weekly payroll deduction - \$20.00
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE Mailing Address 10428 KONSTANTINE City LOVELAND FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	State Zip Code OH 45140 C Occupation VICE PRESIDENT Aggregate Year-to-Date		Date of Receipt M M M J D D J Z Q D D J Z Q D D D J Z Q D D D J Z Q D D D J Z D D J Z D D D J Z D D D J Z D D D J Z D D D J Z D D D D
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE Mailing Address 10428 KONSTANTINE City LOVELAND FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	State Zip Code OH 45140 C Occupation VICE PRESIDENT Aggregate Year-to-Date		Date of Receipt M M M J D D J D J D J D J D J D J D J D
SUBTOTAL of Receipts This Page (optional))	70.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) OmniCare, Inc. Political Action Commercial Purposes	and Statements may not be sold or used by any pers ng the name and address of any political committee t ommittee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE		Date of Receipt
Mailing Address 10428 KONSTAN	TINE LANE	0 8 1 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.6895
LOVELAND	OH 45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer OMNICARE, INC	Occupation VICE PRESIDENT	Semi-monthly Payroll Deduction - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE	l	Date of Receipt
Mailing Address 10428 KONSTAN	TINE LANE	08 31 2010
City	State Zip Code	Transaction ID: SA11Al.6905
LOVELAND	OH 45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer OMNICARE, INC	Occupation VICE PRESIDENT	Semi-monthly Payroll Deduction - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE	I	Date of Receipt
Mailing Address 10428 KONSTAN	TINE LANE	0 9 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.6973
LOVELAND	OH 45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer OMNICARE, INC	Occupation VICE PRESIDENT	Semi-monthly payroll deduction - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
SUBTOTAL of Receipts This Page (option	nal)	75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 49 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	ommittee		
Full Name (Last, First, Middle Initial) THOMAS W LUDEKE			Date of Receipt
Mailing Address 10428 KONSTAN	TINE LANE		09 30 7 2010
City LOVELAND	State OH	Zip Code 45140	Transaction ID: SA11AI.6982 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer OMNICARE, INC	Occupation VICE PR	n ESIDENT	Semi-monthly payroll dedu- ction - \$25.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) JAMES MATHIS	 		Date of Receipt
Mailing Address 4308 BRUSH HILL	ROAD		0 7 1 5 2 0 1 0
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11Al.6819 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	57210	21.00
Name of Employer OMNICARE INC	Occupation	RATE COMPLIANCE	Semi-monthly payroll dedu- ction - \$21.00
Receipt For: Primary General Other (specify) ▼	· · · · · · · · · · · · · · · · ·	Year-to-Date ▼ 273.00	
Full Name (Last, First, Middle Initial) JAMES MATHIS			Date of Receipt
Mailing Address 4308 BRUSH HILL	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.6829 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37210	21.00
Name of Employer OMNICARE INC	Occupation CORPOR	RATE COMPLIANCE	Semi-monthly payroll dedu- ction - \$21.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 294.00	
SUBTOTAL of Receipts This Page (option	al)		67.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 49 (check only one) X 11a
Any information copied from such Report for commercial purposes, other than	ports and Statements may n using the name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	<u> </u>		
Full Name (Last, First, Middle Initial JAMES MATHIS	ال)		Date of Receipt
Mailing Address 4308 BRUSH	HILL ROAD		08 13 2010
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.6894 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer OMNICARE INC	Occupation CORPOR	RATE COMPLIANCE	Semi-monthly Payroll Deduction - \$21.00
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initia	<u> </u>		Date of Receipt
Mailing Address 4308 BRUSH	HILL ROAD		0 8 3 1 Y Y Y Y Y
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11Al.6904 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7.1.0	21.00
Name of Employer OMNICARE INC	Occupation	RATE COMPLIANCE	Semi-monthly Payroll Deduction - \$21.00
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 336.00	
Full Name (Last, First, Middle Initia	J)		Date of Receipt
Mailing Address 4308 BRUSH	HILL ROAD		0 9 1 5 2 0 1 0
City NASHVILLE	State TN	Zip Code 37216	Transaction ID: SA11AI.6972 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07210	21.00
Name of Employer OMNICARE INC	Occupation	RATE COMPLIANCE	Semi-monthly payroll deduction - \$21.00
Receipt For: Primary General Other (specify) ▼	' ·	Year-to-Date ▼ 357.00	
SUBTOTAL of Receipts This Page (63.00

SCHEDULE A (FEC FO	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 49 (check only one) X
Any information copied from such for for commercial purposes, other to NAME OF COMMITTEE (In Fu OmniCare, Inc. Politcal Actions)	han using the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle In JAMES MATHIS Mailing Address 4308 BRUS	,		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City <u>NASHVILLE</u>	State TN	Zip Code 37216	Transaction ID: SA11AI.6981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer OMNICARE INC	Occupation CORPOR	n RATE COMPLIANCE	Semi-monthly payroll deduction - \$21.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 378.00	
Full Name (Last, First, Middle In THOMAS A SCHLEIGH, Jr.	,		Date of Receipt
Mailing Address 2110 RIVE	R BEND WAY		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.6794
KINGWOOD FEC ID number of contributing federal political committee.	C	77345	Amount of Each Receipt this Period 25.00
Name of Employer OMNICARE	Occupation RVP - MA	n ANAGEMENT	Bi-weekly payroll deduction - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle In THOMAS A SCHLEIGH, Jr. Mailing Address 2110 RIVE	· 		Date of Receipt 0 7 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.6813
KINGWOOD FEC ID number of contributing federal political committee.	C	77345	Amount of Each Receipt this Period 25.00
Name of Employer OMNICARE	Occupation RVP - MA	n ANAGEMENT	Bi-weekly payroll deduction - \$25.00
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page	e (optional)		71.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 49 (check only one) X
or f	or commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Con	nmittee		
١.	Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr.			Date of Receipt
	Mailing Address 2110 RIVER BEND	WAY		08 / 06 / 2010
	City	State TX	Zip Code	Transaction ID: SA11AI.6869
	KINGWOOD FEC ID number of contributing federal political committee.	C	77345	Amount of Each Receipt this Period 25.00
	Name of Employer OMNICARE	Occupation	n ANAGEMENT	Bi-weekly Payroll Deduction - \$25.00
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 400.00	
-	Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr.	1		Date of Receipt
	Mailing Address 2110 RIVER BEND	WAY		08 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.6888
	KINGWOOD FEC ID number of contributing federal political committee.	C	77345	Amount of Each Receipt this Period 25.00
,	Name of Employer OMNICARE	Occupation RVP - M	n ANAGEMENT	Bi-weekly Payroll Deduction - \$25.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 425.00	
	Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr.			Date of Receipt
	Mailing Address 2110 RIVER BEND	WAY		09 03 7 7 7 7
	City	State TX	Zip Code	Transaction ID: SA11AI.6944
	KINGWOOD FEC ID number of contributing federal political committee.	C	77345	Amount of Each Receipt this Period 25.00
	Name of Employer OMNICARE	Occupation RVP - M	n ANAGEMENT	Bi-weekly payroll deducti- on - \$25.00
	Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 450.00	
SI SI	JBTOTAL of Receipts This Page (optional)		75.00

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) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr. Mailing Address 2110 RIVER BEND W City KINGWOOD FEC ID number of contributing federal political committee. Name of Employer OMNICARE Receipt For: Primary General	State Zip Code TX 77345 C Occupation RVP - MANAGEMENT Aggregate Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE L City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify) ▼	ANE State Zip Code IN 46237 C Occupation PHARMACIST Aggregate Year-to-Date 280.00	Date of Receipt O 7 O 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE L City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	ANE State Zip Code IN 46237 C Occupation PHARMACIST Aggregate Year-to-Date 300.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		65.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	he name and addr	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State IN C Occupation PHARMAG	Zip Code 46237 CIST /ear-to-Date ▼ 320.00	Date of Receipt M M O 6 2 0 1 0 Transaction ID: SA11AI.6866 Amount of Each Receipt this Period 20.00 Bi-weekly Payroll Deduction - \$20.00
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State IN C Occupation PHARMAG	Zip Code 46237 CIST /ear-to-Date ▼ 340.00	Date of Receipt M
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State IN C Occupation PHARMAG	Zip Code 46237 CIST /ear-to-Date ▼ 360.00	Date of Receipt M M / D D / Y Y Y Y Y O 9 0 3 2 0 1 0 Transaction ID: SA11AI.6942 Amount of Each Receipt this Period 20.00 Bi-weekly payroll deduction - \$20.00
SUBTOTAL of Receipts This Page (optional)			60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		separate schedule(s) ach category of the illed Summary Page	FOR LINE NUMBER: PAGE 39 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee (In Full)	ne name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) ROBIN TAYLOR Mailing Address 4520 MOSS RIDGE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip	o Code 237 D-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11Al.6963 Amount of Each Receipt this Period 20.00 Bi-weekly payroll deduction - \$20.00
Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS City OSCEOLA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	State Zip	o Code 561 D-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS City OSCEOLA FEC ID number of contributing federal political committee. Name of Employer OMNICARE, INC Receipt For: Primary General Other (specify)	State Zip	o Code 561 -Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)			70.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	the name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS	S LN W		Date of Receipt 0 8 0 6 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.6870
OSCEOLA FEC ID number of contributing federal political committee.	C	46561	Amount of Each Receipt this Period 25.00
Name of Employer OMNICARE, INC Receipt For: Primary General	Occupation PHARMA Aggregate		Bi-weekly Payroll Deduction - \$25.00
Other (specify) Full Name (Last, First, Middle Initial) THOMAS TUCKER	0 0	400.00	Date of Receipt
Mailing Address 11201 RIVER OAKS	S LN W		0 8 2 0 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.6889
OSCEOLA FEC ID number of contributing federal political committee.	C	46561	Amount of Each Receipt this Period 25.00 Bi-weekly Payroll Deduction
Name of Employer OMNICARE, INC	Occupation PHARMA	CIST	Bi-weekly Payroll Deduction - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) THOMAS TUCKER Mailing Address 11201 RIVER OAKS	S LN W		Date of Receipt
Cit.	Ctata	7:- Oada	09 03 2010
City OSCEOLA	State IN	Zip Code 46561	Transaction ID: SA11AI.6943 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-weekly payroll deducti- on - \$25.00
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional))		75.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 49 (check only one) X
C C	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may he name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee		
۷.	Full Name (Last, First, Middle Initial) THOMAS TUCKER			Date of Receipt
	Mailing Address 11201 RIVER OAKS			09 17 2010
	City	State IN	Zip Code	Transaction ID: SA11AI.6967
	OSCEOLA FEC ID number of contributing federal political committee.	C	46561	Amount of Each Receipt this Period 25.00
	Name of Employer OMNICARE, INC	Occupatio		Bi-weekly payroll deducti- on - \$25.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00	
 3.	Full Name (Last, First, Middle Initial) Tim Waters			Date of Receipt
	Mailing Address 47 Terra Ave.			07 09 2010
	City	State	Zip Code	Transaction ID: SA11Al.6790
	Alexandria	LA	71303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Omnicare, Inc.	Occupatio Pharmac		Bi-weekly payroll deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
_ :	Full Name (Last, First, Middle Initial) Tim Waters			Date of Receipt
	Mailing Address 47 Terra Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Alexandria	State LA	Zip Code 71303	Transaction ID: SA11AI.6807 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Omnicare, Inc.	Occupatio Pharmac		Bi-weekly payroll deduction - \$15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
	SUBTOTAL of Receipts This Page (optional)			55.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each catego Detailed Summ	ry of the X 11a 11b 11c 12 ary Page 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com	ne name and address of any politica	d by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tim Waters Mailing Address 47 Terra Ave. City	State Zip Code	Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Alexandria	LA 71303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 71303	15.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmacist Aggregate Year-to-Date	Bi-weekly Payroll Deduction - \$15.00
Full Name (Last, First, Middle Initial) Tim Waters Mailing Address 47 Terra Ave.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.6881
Alexandria	LA 71303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Omnicare, Inc.	Occupation Pharmacist	Bi-weekly Payroll Deduction - \$15.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	255.00
Full Name (Last, First, Middle Initial) Tim Waters	1	Date of Receipt
Mailing Address 47 Terra Ave.		09 / 03 / Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.6937
Alexandria FEC ID number of contributing	LA 71303	Amount of Each Receipt this Period
federal political committee.	C	Pi wookly payrall doducti
Name of Employer Omnicare, Inc.	Occupation Pharmacist	Bi-weekly payroll deduction - \$15.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	270.00
SUBTOTAL of Receipts This Page (optional)		45.00

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) X 11a 11b 11c 12 13 14 15 16				
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comm	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.				
Full Name (Last, First, Middle Initial) Tim Waters Mailing Address 47 Terra Ave. City Alexandria FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code LA 71303 C Occupation Pharmacist Aggregate Year-to-Date 285.00	Date of Receipt M M M				
Full Name (Last, First, Middle Initial) MICHAEL ZANDRI Mailing Address 8215 ROYAL SCARLE City BALDWINSVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code NY 13027 C Occupation PHARMACIST/AREA MANAGER Aggregate Year-to-Date 210.00	Date of Receipt M M O O O O O O O O O O O O O O O O O				
Full Name (Last, First, Middle Initial) MICHAEL ZANDRI Mailing Address 8215 ROYAL SCARLE City BALDWINSVILLE FEC ID number of contributing federal political committee. Name of Employer OMNICARE INC Receipt For: Primary General Other (specify)	State Zip Code NY 13027 C Occupation PHARMACIST/AREA MANAGER Aggregate Year-to-Date 225.00	Date of Receipt O 7 23 2010 Transaction ID: SA11AI.6809 Amount of Each Receipt this Period 15.00 Bi-weekly payroll deduction - \$15.00				
SUBTOTAL of Receipts This Page (optional)		45.00				

	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) X 11a 11b 11c 12 13 14 15 16			
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
	OmniCare, Inc. Politcal Action Com	mittee					
	Full Name (Last, First, Middle Initial) MICHAEL ZANDRI			Date of Receipt			
	Mailing Address 8215 ROYAL SCARL	ET DRIVE		08 06 2010			
	City	State	Zip Code	Transaction ID: SA11Al.6863			
	BALDWINSVILLE	NY	13027	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		15.00			
	Name of Employer OMNICARE INC	Occupation PHARMA	n ACIST/AREA MANAGER	Bi-weekly Payroll Deduction - \$15.00			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		240.00				
_	Full Name (Last, First, Middle Initial) MICHAEL ZANDRI			Date of Receipt			
	Mailing Address 8215 ROYAL SCARL	ET DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: SA11Al.6883			
	BALDWINSVILLE	NY	13027	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		15.00			
	Name of Employer OMNICARE INC	Occupation PHARMA	n ACIST/AREA MANAGER	Bi-weekly Payroll Deduction - \$15.00			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼		255.00				
_	Full Name (Last, First, Middle Initial) MICHAEL ZANDRI			Date of Receipt			
	Mailing Address 8215 ROYAL SCARL	ET DRIVE		09 03 7 2010			
	City	State	Zip Code	Transaction ID: SA11AI.6939			
	BALDWINSVILLE FEC ID number of contributing	C	13027	Amount of Each Receipt this Period			
	federal political committee.	C					
	Name of Employer OMNICARE INC	Occupation PHARM/	n ACIST/AREA MANAGER	Bi-weekly payroll deducti- on - \$15.00			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
	Other (specify) ▼		270.00]			
	SUBTOTAL of Receipts This Page (optional)			45.00			

A.

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 45/49 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) MICHAEL ZANDRI Date of Receipt Mailing Address 8215 ROYAL SCARLET DRIVE 09 17 2010 City State Zip Code Transaction ID: SA11AI.6961 **BALDWINSVILLE** NY 13027 Amount of Each Receipt this Period FEC ID number of contributing 15.00 C federal political committee. Bi-weekly payroll deduction - \$15.00 Name of Employer OMNICARE INC Occupation PHARMACIST/AREA MANAGER Receipt For: Aggregate Year-to-Date Primary General 285.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	15.00
TOTAL This Period (last page this line number only)	•	4617.42

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	;)		NE NUMBER: PAGE 46 / 49 only one)							
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 2:	3 8b	24 28c	П	25 29	П	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							5				
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee											
Full Name (Last, First, Middle Initial) AMERICA'S LEADERSHIP PAC Mailing Address 607 14th Street, NW, Sui	10.800			Date	saction of Disb				2 0 1 () ^Y	
	State Zip Code			Amou	ınt of F		Disburse				
Washington	DC 20005			741100	111t OI E	uon	Diobaroc	-		-	
Purpose of Disbursement Senator Debbie Stabenow				L.	_			200	00.00)	
Candidate Name			tegory/ Type								
Office Sought: House Disburse Senate President State: District:	ment For: 2010 Primary X General Other (specify)	•									
Full Name (Last, First, Middle Initial) BUTTERFIELD FOR CONGRESS Mailing Address PO Box 2571					saction of Disb	ourse	SB23.		0 0 1 () ^Y	
	State Zip Code				unt of F	_	Disburse	_			
	NC 27894			Amot	IIII OI E	acii	DISDUISE	-			J
Purpose of Disbursement Rep. G.K. Butterfield				<u> </u>				100	00.00)	
Candidate Name			tegory/ Γype								
Office Sought: X House Senate President State: NC District: 01	ment For: 2010 Primary X General Other (specify)										
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW					saction of Disb		SB23.	.692	2		
Mailing Address PO Box 8166				0 ^M 9	M /	^D 0	9 /	ž Ž	0 Ĭ () ^Y	
	State Zip Code GA 31412			Amou	ınt of E	ach	Disburse	ement	t this I	Perio	b
Purpose of Disbursement Rep. John Barrow				T L.				100	00.00)	
Candidate Name			itegory/ Type								
Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify)	1	<u> </u>								
State: GA District: 12	(-										
SUBTOTAL of Disbursements This Page (optional) .			▶					400	00.00)	

TOTAL This Period (last page this line number only)

TEMIZED DISC	· I I I I I I I I I I I I I I I I I I I		(check or	<u> </u>	PAGE 47/49	
		Detailed	Summary Page	21b 27	22 X 23 28a 28b	24 25 29 29
Any Information copied or for commercial purpo						
NAME OF COMMIT	·					
Full Name (Last, Fir GEOFF DAVIS F	st, Middle Initial)				Transaction ID: Date of Disburs	
Mailing Address	3161 Dixie Highw Suite F	<i>y</i> ay			08 / 3	0 2010
City Erlanger		State KY	Zip Code 41018		Amount of Each	Disbursement this Perio
Purpose of Disburse Contribution	ement			006		5000.00
Candidate Name				Category/ Type		
Office Sought:	X House Senate President	Disbursement For: Primary Other (sp	2010 X General ecify) ▼			
	District: 04		· 			
Full Name (Last, Fir MURPHY FOR C	st, Middle Initial) CONGRESS COMI	MITTEE			Transaction ID: Date of Disburse	ement
Mailing Address	350 NEPONSET	ST UNIT J			0 9 0 0	9 7 2010
City CANTON		State MA	Zip Code 02021		Amount of Each	Disbursement this Perio
Purpose of Disburse Rep. Tim Murphy	ement					1000.00
Candidate Name				Category/ Type		
	Senate President	Disbursement For: Primary Other (sp	2010 X General ecify)			
State: MA D	oistrict: 09 st. Middle Initial)				Transaction ID:	CD22 6012
PALLONE FOR	,				Date of Disburs	ement
Mailing Address	PO BOX 3176				0 9 2	2 0 1 0 Y
City Long Branch		State NJ	Zip Code 07740		Amount of Each	Disbursement this Perio
Purpose of Disburse Rep. Frank Pallone	ement				L	1000.00
Candidate Name				Category/ Type		
Office Sought:	X House Senate President	Disbursement For: Primary Other (sp	2010 X General			
State: NJ D	District: 06	Other (sp	GGIIY) ♥			
State. IND L						

A.

В.

President

District: 01

14gon 1000101000 <u>1</u>			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
OmniCare, Inc. Politcal Action Committee	е		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.6777
SNOWE FOR SENATE			Date of Disbursement
Mailing Address PO BOX 2012			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
PORTLAND	ME 04104		4500.00
Purpose of Disbursement		207	1500.00
Primary election contribution - \$1,500.00 Candidate Name		007 Category/	
Candidate Name		Type	
Office Sought: House Disburs	ement For: 2010		
	C Primary General		
President State: ME District: 00	Other (specify)		
Full Name (Last, First, Middle Initial)			
WHITFIELD FOR CONGRESS			Transaction ID: SB23.6918 Date of Disbursement
WHITH IEED FOR CONTRICTOR			
Mailing Address P.O. BOX 391			$ \begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & 3 \\ 0 & 2 & 3 \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & 3 \\ 0 & 2 & 0 & 1 \\ 0 & 2 & 0 \end{bmatrix} $
City	State Zip Code		Amount of Each Disbursement this Period
HOPKINSVILLE	KY 42241		1000.00
Purpose of Disbursement Rep. Ed Whitfield			1000.00
Candidate Name		Category/	
		Type	
X X	ement For: 2010		
Sanata	Primary X General		

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	•	13500.00

Other (specify)

State: KY

В.

District:

ITEMIZED DISBURSEMENTS Ose separate schedule(s) for each category of the Detailed Summary Page (chec	FOR LINE NUMBER: PAGE 49 / 49 (check only one)	
		21b 22 23 24 25 26 27 28a 28b 28c X 29 30
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee	ee	
Full Name (Last, First, Middle Initial) Mellon Financial		Transaction ID: SB29.6778 Date of Disbursement
Mailing Address 500 Ross Street Room 1380		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Pittsburgh	State Zip Code PA 15262-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Account Analysis Fees - \$57.63		57.63
Candidate Name		ategory/ Type
Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial) Mellon Financial		Transaction ID: SB29.6924 Date of Disbursement
Mailing Address 500 Ross Street Room 1380		08 08 08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Pittsburgh	State Zip Code PA 15262-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Account Analysis Fees - \$36.13		36.13
Candidate Name		ategory/ Type
Office Sought: House Disbu	sement For: Primary General Other (specify)	

l		02.76
SUBTOTAL of Disbursements This Page (optional)		93.70
TOTAL This Period (last page this line number only)	•	93.76

State: