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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: ☒ New Registrant ☐ New Client for Existing Registrant ☐ Amendment

1. Effective Date of Registration 09

2. House Identification

Senate Identification

REGISTRANT ☒ Organization ☐ Individual

3. Registrant Organization Omnicare, Inc

Address 1900 L St., NW Address2 Suite 614
City Washington State DC Zip 20036 - Co

4. Principal place of business (if different than line 3)

City 100 E. Rivercenter Blvd. State KY Zip 41011 - Co

5. Contact name and telephone number

☐ International Number

Contact Mr. Paul Baldwin Telephone (202) 530-0237 E-mail paul.baldwin@omnicare.com

6. General description of registrant's business or activities

Omnicare is a provider of institutional pharmacy services to residents in long-term care.

CLIENT *A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10.* ☒ Self

7. Client name Omnicare, Inc

Address
City State Zip - Co

8. Principal place of business (if different than line 7)

City State Zip - Co

9. General description of client's business or activities

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of the date of registration, state the executive and/or legislative position(s) in which the person served.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Paul	Baldwin		

1000003139

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1,

HCR INS MED MMM PHA

12. Specific lobbying issues (current and anticipated)

Modification of the provisions of the Medicare Modernization Act of 2003

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

☒ No --> Go to line 14.

☐ Yes --> Complete the rest of this section for each entity match criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus
Street City	State/Province Zip Code Country	City State Country

FOREIGN ENTITIES

14. Is there any foreign entity

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
 b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes a the client or any organization identified on line 13; or
 c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of lobbying activity?

☒ No --> Sign and date the registration.

☐ Yes --> Complete the rest of this section for each entity match the criteria above, then sign the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
Street City	State/Province Country	City State Country	

Signature

Paul Baldwin

Date 09/0

Printed Name and Title Paul Baldwin, Vice President, Public Affairs

