

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		48378.69
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	67517.79									
(c) Total Receipts (from Line 19)	101587.20	208295.19								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	169104.99	256673.88								
7. Total Disbursements (from Line 31)	109258.64	196827.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59846.35	59846.35								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	84915.60	169408.66
(i) Itemized (use Schedule A)	16487.25	38472.28
(ii) Unitemized	101402.85	207880.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	101402.85	207880.94
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	184.35	414.25
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	101587.20	208295.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	101587.20	208295.19

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	96500.00	169000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	12758.64	27827.53
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	109258.64	196827.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109258.64	196827.53

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	101402.85	207880.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	101402.85	207880.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Charlean Adams		Date of Receipt
	Mailing Address 3523 East Manitou Circle		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Muskegon	MI	49441
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Transaction ID: SA11AI.27596
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="461.55"/>	<input type="text" value="400.01"/>
			Bi-weekly payroll deduction - 30.77

B.	Full Name (Last, First, Middle Initial) Ms Gayla M. Adams		Date of Receipt
	Mailing Address 239 County Rd 4328		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Tenaha	TX	75974
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator - Holiday	Transaction ID: SA11AI.27597
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="307.44"/>	<input type="text" value="177.44"/>
			Bi-weekly payroll deduction - 24.36

C.	Full Name (Last, First, Middle Initial) Jennifer Adams		Date of Receipt
	Mailing Address 6968 Havington Court		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Dublin	OH	43017
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Transaction ID: SA11AI.27598
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="276.96"/>	<input type="text" value="253.88"/>
			Bi-weekly payroll deduction - 23.08

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="831.33"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Barmak Akbar-khanzadeh
 Mailing Address 5514 Waterford Circle
 City Sheffield Village State OH Zip Code 44035
 FEC ID number of contributing federal political committee. C
 Name of Employer HCR Manor Care, Inc. Occupation Divisional Dir Ops Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98
 Date of Receipt M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 7
Transaction ID: SA11AI.27796
 Amount of Each Receipt this Period 249.99
 Bi-weekly payroll deduction - 19.23

B. Full Name (Last, First, Middle Initial)
Martin Allen
 Mailing Address 7151 Whispering Oak
 City Sylvania State OH Zip Code 43560
 FEC ID number of contributing federal political committee. C
 Name of Employer HCR Manor Care, Inc. Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1415.35
 Date of Receipt M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 7
Transaction ID: SA11AI.27800
 Amount of Each Receipt this Period 749.97
 Bi-weekly payroll deduction - 57.69

C. Full Name (Last, First, Middle Initial)
Marietta Andreasen
 Mailing Address 16804 114th Avenue
 City Puyallup State WA Zip Code 98374
 FEC ID number of contributing federal political committee. C
 Name of Employer HCR Manor Care, Inc. Occupation ADNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7
Transaction ID: SA11AI.27802
 Amount of Each Receipt this Period 120.00
 Bi-weekly payroll deduction - 10.00

SUBTOTAL of Receipts This Page (optional) 1119.96
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Lisa Arnold		Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 36832 Meadow Creek Ct		Transaction ID: SA11AI.27801
	City Magnolia	State TX	Zip Code 77355
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
	Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	Bi-weekly payroll deduction - 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) John S. Austin		Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 328 Chanticleer Creek		Transaction ID: SA11AI.27803
	City New Stanton	State PA	Zip Code 15672
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 262.47
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator - McMurray	Bi-weekly payroll deduction - 20.19
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 302.85	

C.	Full Name (Last, First, Middle Initial) Tammy Barker-Cronin		Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 4521 Sutton Road		Transaction ID: SA11AI.27808
	City Britton	State MI	Zip Code 49229
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 598.26
	Name of Employer HCR Manor Care, Inc.	Occupation AVP - Quality Systems	Bi-weekly payroll deduction - 46.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 690.30	

SUBTOTAL of Receipts This Page (optional)	▶	1100.73
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

<p>A. Full Name (Last, First, Middle Initial) Jocelyn Barnes</p> <p>Mailing Address 428 169th Court NE</p> <p>City State Zip Code Bradenton FL 34212</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HCR ManorCare Inc.</p> <p>Occupation Regional Director of Operation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 785.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 7</p> <p>Transaction ID: SA11AI.27815</p> <p>Amount of Each Receipt this Period 245.00</p> <p>Bi-weekly payroll deduction - 35.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Joseph A Barrick</p> <p>Mailing Address 448 Woodcrest Dr</p> <p>City State Zip Code Mechanicsburg PA 17050</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HCR ManorCare Inc.</p> <p>Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 7</p> <p>Transaction ID: SA11AI.27816</p> <p>Amount of Each Receipt this Period 240.00</p> <p>Bi-weekly payroll deduction - 20.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Charles Batcher</p> <p>Mailing Address 910 Orchard Drive</p> <p>City State Zip Code Rossford OH 43460</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HCR Manor Care, Inc.</p> <p>Occupation Director - Dementia Services</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 7</p> <p>Transaction ID: SA11AI.27817</p> <p>Amount of Each Receipt this Period 480.00</p> <p>Bi-weekly payroll deduction - 40.00</p>
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SUBTOTAL of Receipts This Page (optional)	965.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Lynne M Bauerschmidt
 Mailing Address 7060 Middlebury
 City State Zip Code
 Lambertville MI 48144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR ManorCare Inc. Internal Training Lead
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 4 / 2 0 0 7
Transaction ID: SA11AI.27818
 Amount of Each Receipt this Period
 195.00
 Bi-weekly payroll deduction - 15.00

B. Full Name (Last, First, Middle Initial)
Julie A Beckert
 Mailing Address 3911 Buell Ave
 City State Zip Code
 Toledo OH 43613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR ManorCare Inc. Dir. Marketing/Communications
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.05
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 4 / 2 0 0 7
Transaction ID: SA11AI.27821
 Amount of Each Receipt this Period
 375.05
 Bi-weekly payroll deduction - 28.85

C. Full Name (Last, First, Middle Initial)
Jane E Bibb-Williams
 Mailing Address 10003 Autumn Garden Way
 City State Zip Code
 Louisville KY 40229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR ManorCare Inc. Administrator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 625.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 2 / 2 0 0 7
Transaction ID: SA11AI.27823
 Amount of Each Receipt this Period
 300.00
 Bi-weekly payroll deduction - 25.00

SUBTOTAL of Receipts This Page (optional) ► 870.05
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Donald S Boger	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 78 W. Kyla Marie Drive	Transaction ID: SA11AI.27825
	City State Zip Code Newark DE 19702	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 10.00
	Name of Employer Occupation HCR ManorCare Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Lori Bott	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 558 Grass Lake Road	Transaction ID: SA11AI.27827
	City State Zip Code Coldwater MI 49036	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 10.00
	Name of Employer Occupation HCR ManorCare, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.40	

C.	Full Name (Last, First, Middle Initial) Kimberly Boyte- Blemaster	Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 18383 West Spring Lake Road	Transaction ID: SA11AI.27829
	City State Zip Code Spring Lake MI 49456	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 15.00
	Name of Employer Occupation HCR Manor Care, Inc. Administrator - Knollview	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	440.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Kim Elaine Byk	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 2202 Liberty St. South	Transaction ID: SA11AI.27839
	City State Zip Code Canton MI 48188	Amount of Each Receipt this Period 622.18
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 47.86
Name of Employer HCR ManorCare Inc.	Occupation AVP Clinical Support Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 622.18	

B.	Full Name (Last, First, Middle Initial) Dena L Byrd-Byrum	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 113 Lowood Lane	Transaction ID: SA11AI.27840
	City State Zip Code Greenville SC 29605	Amount of Each Receipt this Period 220.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 20.00
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

C.	Full Name (Last, First, Middle Initial) Charlie F Byrne	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 4685 Rio Poco Court	Transaction ID: SA11AI.27841
	City State Zip Code Naples FL 33109	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 35.00
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	1262.18
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Shirley D Cabildo

Mailing Address 38 Bentley Court

City State Zip Code
Bedminster NJ 07921

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 306.94

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.27842

Amount of Each Receipt this Period
156.00

Bi-weekly payroll deduction - 12.00

B.

Full Name (Last, First, Middle Initial)
Nancy L Caras

Mailing Address 1260 Thornapple Dr

City State Zip Code
Osprey FL 34229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 514.74

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.27845

Amount of Each Receipt this Period
332.40

Bi-weekly payroll deduction - 27.70

C.

Full Name (Last, First, Middle Initial)
Elaina Casalla

Mailing Address 736 E. Devon Ave.

City State Zip Code
Roselle IL 60172

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.27607

Amount of Each Receipt this Period
300.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **788.40**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Mr. William Chenevert

Mailing Address 620 Ashbury Drive

City State Zip Code
Perrysburg OH 43551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR.ManorCare, Inc. Vice President, Operations Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4261.58

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.27850

Amount of Each Receipt this Period
2470.00

Bi-weekly payroll deduction - 190.00

B.

Full Name (Last, First, Middle Initial)
Ms Lisa Cherry

Mailing Address 1971 A Allwood Drive

City State Zip Code
Bethlehem PA 18018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 421.11

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.27851

Amount of Each Receipt this Period
199.94

Bi-weekly payroll deduction - 15.38

C.

Full Name (Last, First, Middle Initial)
Barry Chesterman

Mailing Address 13132 Ludlow Avenue

City State Zip Code
Huntington Woods MI 48070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Regional Rehab Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.27852

Amount of Each Receipt this Period
377.00

Bi-weekly payroll deduction - 29.00

SUBTOTAL of Receipts This Page (optional) ► **3046.94**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Steven H Chowen	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 1398 Penniman Ave.	Transaction ID: SA11AI.27853
	City State Zip Code plymouth MI 48170	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 50.00
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Ms Denise Clements	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 16953 S. Mohican Drive	Transaction ID: SA11AI.27854
	City State Zip Code Lockport IL 60441	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 20.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Oak Lawn West	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

C.	Full Name (Last, First, Middle Initial) Ms Denise Clements	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 16953 S. Mohican Drive	Transaction ID: SA11AI.27609
	City State Zip Code Lockport IL 60441	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Oak Lawn West	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	940.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Stephen Coetzee

Mailing Address PO Box 85

City State Zip Code
Neport PA 17074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR. Manor Care Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2007

Transaction ID: SA11AI.27855

Amount of Each Receipt this Period
300.00

Bi-weekly payroll deduction - 25.00

B. Full Name (Last, First, Middle Initial)
Shawn P Corley

Mailing Address 4009 Top Flite Lane

City State Zip Code
Mason OH 45040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Regional Director of Operation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.07

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: SA11AI.28027

Amount of Each Receipt this Period
47.69

Bi-weekly payroll deduction - 47.69

C. Full Name (Last, First, Middle Initial)
Ms Pamela Cox

Mailing Address 6238 Shadowood Circle

City State Zip Code
Naples FL 34112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR.ManorCare, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: SA11AI.27856

Amount of Each Receipt this Period
455.00

Bi-weekly payroll deduction - 35.00

SUBTOTAL of Receipts This Page (optional) ► **802.69**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Douglas S Crail	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 5704 Ashbrook Drive	Transaction ID: SA11AI.27857
	City State Zip Code Toledo OH 43614	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 25.00
	Name of Employer Occupation HCR ManorCare Inc. Dir. Quality Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Ms. Cecilia Credille	Date of Receipt MM / DD / YYYY 10 / 24 / 2007
	Mailing Address 534 Hevern Drive	Transaction ID: SA11AI.27586
	City State Zip Code Wheaton IL 60187	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR.ManorCare, Inc. Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C.	Full Name (Last, First, Middle Initial) Ms. Cecilia Credille	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 534 Hevern Drive	Transaction ID: SA11AI.27615
	City State Zip Code Wheaton IL 60187	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR.ManorCare, Inc. Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	▶	1225.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Pamela R Crenshaw	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 14231 South Street	Transaction ID: SA11AI.27616
	City State Zip Code Woodstock IL 60098	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR ManorCare Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Victoria A Crenshaw	Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 736 Virginia Dare Dr	Transaction ID: SA11AI.27858
	City State Zip Code Virginia Beach VA 23451	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deducti- on - 50.00
	Name of Employer Occupation HCR ManorCare Inc. Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Ms Deborah Cszasz	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 3715 Spear St.	Transaction ID: SA11AI.27859
	City State Zip Code Bethlehem PA 18020	Amount of Each Receipt this Period 235.04
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deducti- on - 18.08
	Name of Employer Occupation HCR Manor Care, Inc. Managed Care Consultant - Eastern	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 271.20	

SUBTOTAL of Receipts This Page (optional)	▶	1135.04
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Jamie S D'Angelo	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 26 Oakland Ave	Transaction ID: SA11AI.27862
	City State Zip Code Wheeling WV 26003	Amount of Each Receipt this Period 251.20
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 19.20
	Name of Employer Occupation HCR ManorCare Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 511.20	

B.	Full Name (Last, First, Middle Initial) Linda J Dailey	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 126 Cornerstone Dr.	Transaction ID: SA11AI.27861
	City State Zip Code Marietta OH 45750	Amount of Each Receipt this Period 286.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 22.00
	Name of Employer Occupation HCR ManorCare Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.	Full Name (Last, First, Middle Initial) Karen L Davidson	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 612 W. Magnolia	Transaction ID: SA11AI.27864
	City State Zip Code Pana IL 62557	Amount of Each Receipt this Period 674.96
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 51.92
	Name of Employer Occupation HCR ManorCare Inc. Dir^ Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 674.96	

SUBTOTAL of Receipts This Page (optional)	1212.16
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial) Brenda Decker		Date of Receipt MM / DD / YYYY 12 / 24 / 2007
Mailing Address 69 E. Pettibone Street		Transaction ID: SA11AI.27867
City Forty Fort	State PA	Zip Code 18704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 313.56
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deduction - 24.12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.80	

B.

Full Name (Last, First, Middle Initial) Daniel W Deitzel III		Date of Receipt MM / DD / YYYY 12 / 24 / 2007
Mailing Address 541 S 61st Street		Transaction ID: SA11AI.27868
City Harrisburg	State PA	Zip Code 17111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 252.00
Name of Employer HCR ManorCare Inc.	Occupation Administrator	Bi-weekly payroll deduction - 21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

C.

Full Name (Last, First, Middle Initial) Kathleen Dell		Date of Receipt MM / DD / YYYY 12 / 24 / 2007
Mailing Address 5750 Belle Avenue		Transaction ID: SA11AI.27870
City Davenport	State IA	Zip Code 52807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 356.20
Name of Employer HCR Manor Care, Inc.	Occupation Regional Rehab Manager	Bi-weekly payroll deduction - 27.4
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.80	

SUBTOTAL of Receipts This Page (optional)	921.76
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mrs. Connie Deloney

Mailing Address 2184 West Dodge Rd.

City State Zip Code
Clio MI 48420

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HCR Manor Care, Inc. Manager of Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt M M / D D / Y Y Y Y
12 / 24 / 2007

Transaction ID: SA11AI.27871

Amount of Each Receipt this Period 130.00

Bi-weekly payroll deduction - 10.00

B. Full Name (Last, First, Middle Initial)
Timothy C Dietzen

Mailing Address 3615 Sunnyview Rd

City State Zip Code
Appleton WI 54914

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HCR ManorCare Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
12 / 19 / 2007

Transaction ID: SA11AI.27874

Amount of Each Receipt this Period 300.00

Bi-weekly payroll deduction - 25.00

C. Full Name (Last, First, Middle Initial)
David K Donin

Mailing Address 11608 Everglade Court

City State Zip Code
North Potomac MD 20878

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 424.06

Date of Receipt M M / D D / Y Y Y Y
12 / 19 / 2007

Transaction ID: SA11AI.27876

Amount of Each Receipt this Period 363.48

Bi-weekly payroll deduction - 30.29

SUBTOTAL of Receipts This Page (optional) 793.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 93
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
John M Dudek

Mailing Address 4049 Bordeaux Drive

City State Zip Code
Northbrook IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 317.35

Date of Receipt
MM / DD / YYYY
11 / 07 / 2007

Transaction ID: SA11AI.27879

Amount of Each Receipt this Period
259.65

Bi-weekly payroll deduction - 28.85

B.

Full Name (Last, First, Middle Initial)
Ms Nancy Edwards

Mailing Address 5726 Rolbesay Drive

City State Zip Code
Dublin OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare, Inc. General Manager, Central Division

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3457.80

Date of Receipt
MM / DD / YYYY
12 / 24 / 2007

Transaction ID: SA11AI.27881

Amount of Each Receipt this Period
2304.00

Bi-weekly payroll deduction - 192.00

C.

Full Name (Last, First, Middle Initial)
Marvin Elliott

Mailing Address 902 E. Central Ave

City State Zip Code
Miamisburg OH 45342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Administrator - Oak Ridge

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2007

Transaction ID: SA11AI.27883

Amount of Each Receipt this Period
130.00

Bi-weekly payroll deduction - 10.00

SUBTOTAL of Receipts This Page (optional) ► **2693.65**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 23 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Shelley Ewen
 Mailing Address 943 Woodville Ave
 City State Zip Code
 Monroe MI 48161
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 4 / 2 0 0 7
Transaction ID: SA11AI.27886
 Amount of Each Receipt this Period
 130.00
 Bi-weekly payroll deduction - 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR Manor Care, Inc. AR Director - 4H
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

B. Full Name (Last, First, Middle Initial)
Mr. R. Michael Ferguson
 Mailing Address 2450 Underhill Road
 City State Zip Code
 Toledo OH 43615
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 4 / 2 0 0 7
Transaction ID: SA11AI.27887
 Amount of Each Receipt this Period
 692.40
 Bi-weekly payroll deduction - 57.70
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR ManorCare, Inc. Vice President, Purchasing
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1077.00

C. Full Name (Last, First, Middle Initial)
Sara M Fielding-Russell
 Mailing Address 3601 Hawthorne Dr
 City State Zip Code
 Richfield OH 44286
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 4 / 2 0 0 7
Transaction ID: SA11AI.27889
 Amount of Each Receipt this Period
 322.53
 Bi-weekly payroll deduction - 24.81
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR ManorCare Inc. Administrator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 421.77

SUBTOTAL of Receipts This Page (optional) ► 1144.93
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Suzanne L Fisher

Mailing Address 1504 Old Bernville Road

City State Zip Code
Leesport PA 19533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Admin Director of Nursing Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2007

Transaction ID: SA11AI.27890

Amount of Each Receipt this Period
120.00

Bi-weekly payroll deduction - 10.00

B. Full Name (Last, First, Middle Initial)
Rusty Flathmann

Mailing Address 1008 Leamington Circle

City State Zip Code
Irmo SC 29063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Administrator - Oakmont Union

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2007

Transaction ID: SA11AI.27891

Amount of Each Receipt this Period
120.00

Bi-weekly payroll deduction - 10.00

C. Full Name (Last, First, Middle Initial)
Elizabeth M Foley

Mailing Address 2313 Rockspring Rd

City State Zip Code
Toledo OH 43614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Legal Counsel II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.60

Date of Receipt
MM / DD / YYYY
12 / 24 / 2007

Transaction ID: SA11AI.27892

Amount of Each Receipt this Period
405.60

Bi-weekly payroll deduction - 31.20

SUBTOTAL of Receipts This Page (optional) ▶ **645.60**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Karen L Forrest		Date of Receipt
	Mailing Address 3115 Wynstone Dr		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Quincy	IL	62305
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	Transaction ID: SA11AI.27893
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="740.74"/>	<input type="text" value="740.74"/>
			Bi-weekly payroll deduction - 56.98

B.	Full Name (Last, First, Middle Initial) Jamie Fox		Date of Receipt
	Mailing Address 705A Allentown Rd		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Sellersville	PA	18960
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Transaction ID: SA11AI.27894
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="476.68"/>	<input type="text" value="216.68"/>
			Bi-weekly payroll deduction - 17.88

C.	Full Name (Last, First, Middle Initial) George Frill		Date of Receipt
	Mailing Address 2006 Hale Ct		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Wyomiseing	PA	19610
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator - Laureldale	Transaction ID: SA11AI.27895
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="335.00"/>	<input type="text" value="195.00"/>
			Bi-weekly payroll deduction - 15.00

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1152.42"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Charles T George		Date of Receipt
	Mailing Address 111 Pepperbush		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Bellefontaine	OH	43311
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Transaction ID: SA11AI.27899
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="397.05"/>	<input type="text" value="344.11"/>
			Bi-weekly payroll deduction - 26.47

B.	Full Name (Last, First, Middle Initial) Larry Robert Godla		Date of Receipt
	Mailing Address 1556 Mary Ellen Court		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Mclean	VA	22101
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation VP Develop/Construction	Transaction ID: SA11AI.27900
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1153.80"/>	<input type="text" value="999.96"/>
			Bi-weekly payroll deduction - 76.92

C.	Full Name (Last, First, Middle Initial) Mr. John Graham		Date of Receipt
	Mailing Address 3000 Riva Ridge Rd		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Toledo	OH	43615
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR.ManorCare, Inc.		Occupation VP/GM - Heartland Hospice	Transaction ID: SA11AI.27904
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2307.75"/>	<input type="text" value="2000.05"/>
			Bi-weekly payroll deduction - 153.85

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3344.12"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial) Pamela Grant		Date of Receipt MM / DD / YYYY 12 / 12 / 2007
Mailing Address 403 Hartless Rd		Transaction ID: SA11AI.27905
City Amherst	State VA	Zip Code 24521
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	Bi-weekly payroll deduction - 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Ruth G Graziano		Date of Receipt MM / DD / YYYY 12 / 24 / 2007
Mailing Address 503 Elk Mills Road		Transaction ID: SA11AI.27906
City Oxford	State PA	Zip Code 19363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.05
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	Bi-weekly payroll deduction - 53.85
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.10	

C.

Full Name (Last, First, Middle Initial) Jeffrey Grillo		Date of Receipt MM / DD / YYYY 07 / 25 / 2007
Mailing Address 20566 Courier Ridge Place		Transaction ID: SA11AI.28028
City Ashburn	State VA	Zip Code 20147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 167.69
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations	Bi-weekly payroll deduction - 167.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 967.69	

SUBTOTAL of Receipts This Page (optional)	987.74
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Brian Gross		Date of Receipt
	Mailing Address 1392 Lucerne Dr		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Crystal Lake	IL	60014
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation Sr Administrator	Transaction ID: SA11AI.27907
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="130.00"/>
			Bi-weekly payroll deduction - 10.00

B.	Full Name (Last, First, Middle Initial) Brian Gross		Date of Receipt
	Mailing Address 1392 Lucerne Dr		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Crystal Lake	IL	60014
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation Sr Administrator	Transaction ID: SA11AI.27629
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="310.00"/>	<input type="text" value="100.00"/>
			Contribution

C.	Full Name (Last, First, Middle Initial) Deborah L Gross		Date of Receipt
	Mailing Address 687 Westview NW		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Grand Rapids	MI	49504
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator - Crestview	Transaction ID: SA11AI.27908
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="440.00"/>	<input type="text" value="240.00"/>
			Bi-weekly payroll deduction - 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="470.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Stephen L Guillard

Mailing Address 217 Garden St.

City State Zip Code
Needham MA 02492

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.20

Date of Receipt
MM / DD / YYYY
12 / 24 / 2007

Transaction ID: SA11AI.27910

Amount of Each Receipt this Period
2500.03

Bi-weekly payroll deduction - 192.31

B.

Full Name (Last, First, Middle Initial)
Karen Harris

Mailing Address 8250 SW 8th St

City State Zip Code
North Lauderdale FL 33068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Assistant Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.11

Date of Receipt
MM / DD / YYYY
12 / 24 / 2007

Transaction ID: SA11AI.27912

Amount of Each Receipt this Period
242.11

Bi-weekly payroll deduction - 22.01

C.

Full Name (Last, First, Middle Initial)
Mr. Alan Hash

Mailing Address 9496South Dunbar Circle

City State Zip Code
South Jordan UT 84095

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Regional Director - Western Division 5

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2007

Transaction ID: SA11AI.27914

Amount of Each Receipt this Period
325.00

Bi-weekly payroll deduction - 25.00

SUBTOTAL of Receipts This Page (optional) ► **3067.14**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Kevin C Henricks	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 23 Chicago St. Apt.G	Transaction ID: SA11AI.27916
	City State Zip Code Plainfield IL 60544	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 40.00
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1031.00	

B.	Full Name (Last, First, Middle Initial) Mary I Herman	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 418 Highland Ave. RR#5	Transaction ID: SA11AI.27917
	City State Zip Code Clarks Summit PA 18411	Amount of Each Receipt this Period 155.76
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 12.98
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.54	

C.	Full Name (Last, First, Middle Initial) Maureen Hines	Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 640 Weatherstone Rd	Transaction ID: SA11AI.27918
	City State Zip Code Holland OH 43528	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 20.00
Name of Employer HCR ManorCare Inc.	Occupation Dir Nursing Leadership Develop	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	915.76
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Timothy M Hock

Mailing Address 8054 Tillicum Grove North

City State Zip Code
Rockford MI 49341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Regional Director of Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 653.82

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.27919

Amount of Each Receipt this Period
461.52

Bi-weekly payroll deduction - 38.46

B.

Full Name (Last, First, Middle Initial)
Mr. Paul E. Hoffman

Mailing Address 4829 Rhone Drive

City State Zip Code
Maumee OH 43537

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Director of Ops Support - Midstates

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 567.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.27920

Amount of Each Receipt this Period
291.07

Bi-weekly payroll deduction - 22.39

C.

Full Name (Last, First, Middle Initial)
Randy L Holtry

Mailing Address 138 Park Place West

City State Zip Code
Shippensburg PA 17257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 257.69

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.27921

Amount of Each Receipt this Period
150.02

Bi-weekly payroll deduction - 11.54

SUBTOTAL of Receipts This Page (optional) ► **902.61**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City State Zip Code
Wellington FL 33414

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Asst General Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2085.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2007

Transaction ID: SA11AI.27922

Amount of Each Receipt this Period
1235.00

Bi-weekly payroll deduction - 95.00

B.

Full Name (Last, First, Middle Initial)
Kathryn Hoops

Mailing Address 24708 McCutchenville Road

City State Zip Code
Perrysburg OH 43551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare, Inc. VP of Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2007

Transaction ID: SA11AI.27923

Amount of Each Receipt this Period
480.00

Bi-weekly payroll deduction - 40.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey R House

Mailing Address 11699 Bennington Rd

City State Zip Code
Durand MI 48429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 980.00

Date of Receipt
MM / DD / YYYY
12 / 13 / 2007

Transaction ID: SA11AI.27924

Amount of Each Receipt this Period
460.00

Bi-weekly payroll deduction - 20.00

SUBTOTAL of Receipts This Page (optional) ► **2175.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Mr. John Huber	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 26448 Carronade Drive	Transaction ID: SA11AI.27926
	City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 585.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 45.00
	Name of Employer Occupation HCR.ManorCare, Inc. Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1005.00	

B.	Full Name (Last, First, Middle Initial) Ronald R Huggins	Date of Receipt MM / DD / YYYY 09 / 26 / 2007
	Mailing Address 3206 Knoll Manor	Transaction ID: SA11AI.27927
	City State Zip Code Kingwood TX 77328	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 25.00
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

C.	Full Name (Last, First, Middle Initial) Carla Davis Hughes	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 745 Washington Street #603	Transaction ID: SA11AI.27865
	City State Zip Code Toledo OH 43624	Amount of Each Receipt this Period 461.56
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 38.46
	Name of Employer Occupation HCR Manor Care, Inc. VP of Sales- Mktg - HHHH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1961.54	

SUBTOTAL of Receipts This Page (optional)	▶	1196.56
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Rebecca J Hullinger

Mailing Address 1250 Horseshoe Cir #105

City State Zip Code
Ann Arbor MI 48108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Clinical Prog Implem Consult

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.27928

Amount of Each Receipt this Period
520.00

Bi-weekly payroll deduction - 40.00

B.

Full Name (Last, First, Middle Initial)
Frank A Jannazo

Mailing Address 3466 Country Farms Road

City State Zip Code
Oregon OH 43616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Dir^ Accounts Receivable

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.27929

Amount of Each Receipt this Period
420.00

Bi-weekly payroll deduction - 35.00

C.

Full Name (Last, First, Middle Initial)
Amber E Johnson

Mailing Address 27 West Pine Street

City State Zip Code
Emmaus PA 18049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Manager Market Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.27931

Amount of Each Receipt this Period
120.00

Bi-weekly payroll deduction - 10.00

SUBTOTAL of Receipts This Page (optional) ► **1060.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Ms Diane Johnson	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 206 Ruth Road	Transaction ID: SA11AI.27932
	City State Zip Code Fleetwood PA 19522	Amount of Each Receipt this Period 862.56
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 71.88
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1439.46	

B.	Full Name (Last, First, Middle Initial) Nancy E Johnson	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 4266 Shire Landing	Transaction ID: SA11AI.27933
	City State Zip Code Hillard OH 43026	Amount of Each Receipt this Period 639.99
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 49.23
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 738.45	

C.	Full Name (Last, First, Middle Initial) Nicholas B Johnson	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 8402 Lynn Circle	Transaction ID: SA11AI.27934
	City State Zip Code Pasadena MD 21122	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 15.00
Name of Employer HCR Manor Care, Inc.	Occupation Admission Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	1682.55
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Zainabu Kabba	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 108 Rittenhouse Drive	Transaction ID: SA11AI.27938
	City State Zip Code Deptford NJ 08096	Amount of Each Receipt this Period 115.44
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 9.62
Name of Employer HCR Manor Care, Inc.	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.50	

B.	Full Name (Last, First, Middle Initial) Ken Kang	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 513 Adams Street Apt. #909	Transaction ID: SA11AI.27940
	City State Zip Code Toledo OH 43604	Amount of Each Receipt this Period 249.99
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 19.23
Name of Employer HCR Manor Care, Inc.	Occupation Analyst - Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	

C.	Full Name (Last, First, Middle Initial) Anthony J Keelin	Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 2208 26th Avenue^ South	Transaction ID: SA11AI.27942
	City State Zip Code Fargo ND 58103	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 10.00
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	485.43
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Janice O Kelly

Mailing Address 2301 Clearvue Road

City State Zip Code
Pittsburgh PA 15237

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Regional HR Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: SA11AI.27943

Amount of Each Receipt this Period
225.00

Bi-weekly payroll deduction - 25.00

B.

Full Name (Last, First, Middle Initial)
Ms Kelly Kessler

Mailing Address 25315 Appaloosa Ct.

City State Zip Code
Perrysburg OH 43551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Manager - Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2007

Transaction ID: SA11AI.27944

Amount of Each Receipt this Period
130.00

Bi-weekly payroll deduction - 10.00

C.

Full Name (Last, First, Middle Initial)
Vivian Kiraly

Mailing Address 103 Kama Lane

City State Zip Code
Cross Lanes WV 25313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 577.50

Date of Receipt
MM / DD / YYYY
12 / 24 / 2007

Transaction ID: SA11AI.27946

Amount of Each Receipt this Period
344.50

Bi-weekly payroll deduction - 26.50

SUBTOTAL of Receipts This Page (optional) ► **699.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Linda Hu Kishtok

Mailing Address 109 Crystal Drive

City State Zip Code
Schwenksville PA 19473

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Division Rehab Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.01

Date of Receipt
MM / DD / YYYY
07 / 11 / 2007

Transaction ID: SA11AI.27947

Amount of Each Receipt this Period
0.02

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Andrew Koha

Mailing Address 7620 Isaac Drive

City State Zip Code
Middleburg Heights OH 44130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. RDO - Central 5

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2007

Transaction ID: SA11AI.27949

Amount of Each Receipt this Period
650.00

Bi-weekly payroll deducti-
on - 50.00

C.

Full Name (Last, First, Middle Initial)
Melissa M Krider

Mailing Address 6601 North Randwick

City State Zip Code
Peoria IL 61615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. LPN Nursing Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2007

Transaction ID: SA11AI.27954

Amount of Each Receipt this Period
50.00

Bi-weekly payroll deducti-
on - 25.00

SUBTOTAL of Receipts This Page (optional) ► **700.02**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Betty Kutner		Date of Receipt
	Mailing Address 3006 Wild Run Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Pennsburg	PA	18073
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator - Easton	Transaction ID: SA11AI.27957
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	Amount of Each Receipt this Period <input type="text"/> 130.00
			Bi-weekly payroll deduction - 10.00

B.	Full Name (Last, First, Middle Initial) Amy LaFleur		Date of Receipt
	Mailing Address 207 S. Ann Arbor St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Saline	MI	48176
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR. Manor Care, Inc		Occupation Regional Director of Operations	Transaction ID: SA11AI.27958
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 585.00	Amount of Each Receipt this Period <input type="text"/> 507.00
			Bi-weekly payroll deduction - 39.00

C.	Full Name (Last, First, Middle Initial) Mr. David Lanning		Date of Receipt
	Mailing Address 806 Copley Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Silver Spring	MD	20904
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR.ManorCare, Inc.		Occupation Vice President, Development	Transaction ID: SA11AI.27959
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 2875.00	Amount of Each Receipt this Period <input type="text"/> 1625.00
			Bi-weekly payroll deduction - 125.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2262.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Michael Lavin

Mailing Address 205 Foxmanor Lane

City State Zip Code
Glen Burnie MD 21061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. AIT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.84

Date of Receipt

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

Transaction ID: SA11AI.27960

Amount of Each Receipt this Period

318.76

Bi-weekly payroll deduction - 24.52

B.

Full Name (Last, First, Middle Initial)
Terry L Lawrence Nelson

Mailing Address 1880 Oldfield Dr.

City State Zip Code
Huntingtown MD 20639

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Clinical Services ConsultantRN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 548.10

Date of Receipt

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

Transaction ID: SA11AI.27961

Amount of Each Receipt this Period

475.02

Bi-weekly payroll deduction - 36.54

C.

Full Name (Last, First, Middle Initial)
Larry C Lester

Mailing Address 13507 Westbrook

City State Zip Code
Plymouth MI 48170

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. General Mgr^ VP Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1765.04

Date of Receipt

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

Transaction ID: SA11AI.27963

Amount of Each Receipt this Period

765.08

Bi-weekly payroll deduction - 85.00

SUBTOTAL of Receipts This Page (optional)

1558.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

<p>A. Full Name (Last, First, Middle Initial) Rebecca R Lichtenberger</p> <p>Mailing Address 558 N. Hillcrest Blvd.</p> <p>City State Zip Code Decatur IL 62522</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HCR Manor Care, Inc. Occupation Clinical Services Consultant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 278.40</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 7</p> <p>Transaction ID: SA11AI.27964</p> <p>Amount of Each Receipt this Period 278.40</p> <p>Bi-weekly payroll deduction - 23.20</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Kathleen A Long</p> <p>Mailing Address 4815 Woodmark Court</p> <p>City State Zip Code Fort Wayne IN 46815</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HCR Manor Care, Inc. Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 429.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7</p> <p>Transaction ID: SA11AI.27966</p> <p>Amount of Each Receipt this Period 357.50</p> <p>Weekly payroll deduction - 14.30</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Glen D Lowery</p> <p>Mailing Address 27950 Southpointe</p> <p>City State Zip Code Gross Isle MI 48138</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HCR Manor Care, Inc. Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 7</p> <p>Transaction ID: SA11AI.27968</p> <p>Amount of Each Receipt this Period 120.00</p> <p>Bi-weekly payroll deduction - 10.00</p>
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SUBTOTAL of Receipts This Page (optional)	755.90
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Diane Lube		Date of Receipt
	Mailing Address 1040 Pinewood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Downers Grove	IL	60516
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Transaction ID: SA11AI.27970
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 308.00	<input type="text"/> 169.00
			Bi-weekly payroll deduction - 13.00

B.	Full Name (Last, First, Middle Initial) Diane Lube		Date of Receipt
	Mailing Address 1040 Pinewood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Downers Grove	IL	60516
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Transaction ID: SA11AI.27643
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 408.00	<input type="text"/> 100.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Carrie Lund		Date of Receipt
	Mailing Address 14802 Dunston Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Tampa	FL	33618
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR Manor Care, Inc.		Occupation Sr. Administrator - Palm Harbor	Transaction ID: SA11AI.27971
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 898.09	<input type="text"/> 398.11
			Bi-weekly payroll deduction - 44.23

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 667.11
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Sephanie M Marcotullio

Mailing Address 49895 Waterstone Estates Circle

City Northville State MI Zip Code 48168

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 19 / 2007

Transaction ID: SA11AI.27972

Amount of Each Receipt this Period 165.00

Bi-weekly payroll deduction - 15.00

B.

Full Name (Last, First, Middle Initial)
Jill Matelan

Mailing Address 700 Golden Drive

City Blandon State PA Zip Code 19510

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc Occupation Administrator - Sinking Spring

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 24 / 2007

Transaction ID: SA11AI.27980

Amount of Each Receipt this Period 338.00

Bi-weekly payroll deduction - 26.00

C.

Full Name (Last, First, Middle Initial)
Jeannette McCabe

Mailing Address 46745 Monroe #42

City Indio State CA Zip Code 92201

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation Case Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 19 / 2007

Transaction ID: SA11AI.27982

Amount of Each Receipt this Period 120.00

Bi-weekly payroll deduction - 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **623.00**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) William J McDaniel II		Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 7420 Nightingale Dr. #13		Transaction ID: SA11AI.27983
	City Holland	State OH	Zip Code 45328
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 219.60
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deduction - 18.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.61	

B.	Full Name (Last, First, Middle Initial) Deborah A McMonagle		Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 1632 Patricia Ave		Transaction ID: SA11AI.27985
	City Willow Grove	State PA	Zip Code 19090
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 638.88
	Name of Employer HCR ManorCare Inc.	Occupation General Manager	Weekly payroll deduction - 29.04
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1018.88	

C.	Full Name (Last, First, Middle Initial) Robert E McQuillan		Date of Receipt MM / DD / YYYY 08 / 20 / 2007
	Mailing Address 604 Stoney Run Road		Transaction ID: SA11AI.27501
	City Pottsville	State PA	Zip Code 17901
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1858.48
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Murry J Mercier		Date of Receipt
	Mailing Address 7110 Oak Bluff Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Maumee	OH	43537
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.27987
Name of Employer HCR ManorCare Inc.		Occupation VP Dir of Information Serv	Amount of Each Receipt this Period 2307.72
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2307.72	Bi-weekly payroll deduction - 192.31

B.	Full Name (Last, First, Middle Initial) Stacy H Mesaros		Date of Receipt
	Mailing Address 1304 234th Pl		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 9 / 2 0 0 7
	City	State	Zip Code
	Des Moines	WA	98198
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.27988
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Amount of Each Receipt this Period 210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 405.00	Bi-weekly payroll deduction - 20.00

C.	Full Name (Last, First, Middle Initial) Michelle M Meyer		Date of Receipt
	Mailing Address 28 W. Linwood Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 7 / 2 5 / 2 0 0 7
	City	State	Zip Code
	Linwood	MI	48634
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.27989
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Amount of Each Receipt this Period 32.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	Bi-weekly payroll deduction - 16.00

SUBTOTAL of Receipts This Page (optional)	2549.72
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Debra I Miles		Date of Receipt
	Mailing Address 17738 W. River Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Bowling Green	OH	43402
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.27991
Name of Employer HCR ManorCare Inc.		Occupation Director^ Accounting	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 519.53	<input type="text"/> 264.94
			Bi-weekly payroll deduction - 20.38

B.	Full Name (Last, First, Middle Initial) William Milianes		Date of Receipt
	Mailing Address 169 Sheridan Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 9 / 2 0 0 7
	City	State	Zip Code
	Ho Ho Kus	NJ	07423
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.27992
Name of Employer HCR ManorCare Inc.		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.38	<input type="text"/> 115.32
			Bi-weekly payroll deduction - 9.62

C.	Full Name (Last, First, Middle Initial) Jennifer L Miller		Date of Receipt
	Mailing Address 29 W.161 Pomeroy		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	West Chicago	IL	60185
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.27993
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 359.10	<input type="text"/> 311.22
			Bi-weekly payroll deduction - 23.94

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 691.48
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 93
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Scott Miller

Mailing Address 198 Old Mill Drive

City Langhorne State PA Zip Code 19047

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Inc. Occupation Sr Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1057.71

Date of Receipt 12 / 24 / 2007

Transaction ID: SA11AI.27994

Amount of Each Receipt this Period 550.03

Bi-weekly payroll deduction - 42.31

B.

Full Name (Last, First, Middle Initial)
Spencer Moler

Mailing Address 8645 Ponte Vedra Court

City Holland State OH Zip Code 43528

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation VP/Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 12 / 24 / 2007

Transaction ID: SA11AI.27997

Amount of Each Receipt this Period 2500.03

Bi-weekly payroll deduction - 192.31

C.

Full Name (Last, First, Middle Initial)
Anna M Moorehead

Mailing Address 38109 Parkway Blvd.

City Willoughby State OH Zip Code 44094

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation AIT - Akron

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 213.96

Date of Receipt 11 / 14 / 2007

Transaction ID: SA11AI.27999

Amount of Each Receipt this Period 178.30

Bi-weekly payroll deduction - 17.83

SUBTOTAL of Receipts This Page (optional) ► 3228.36

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Ms Susan Morey

Mailing Address 700 Hunters Road

City Mohnnton State PA Zip Code 19540

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR.ManorCare, Inc. Occupation Regional Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 24 / 2007

Transaction ID: SA11AI.28000

Amount of Each Receipt this Period 650.00

Bi-weekly payroll deduction - 50.00

B.

Full Name (Last, First, Middle Initial)
Alison Mosch

Mailing Address 3 Galts Court Arundel

City Wilmington State DE Zip Code 19808

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation Admin Director of Nursing Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 12 / 2007

Transaction ID: SA11AI.28002

Amount of Each Receipt this Period 115.20

Bi-weekly payroll deduction - 9.60

C.

Full Name (Last, First, Middle Initial)
Lucy A Muklewicz

Mailing Address 69510 Cresant Rd.

City St. Clairsville State OH Zip Code 43950

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Inc. Occupation Case Mix Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2007

Transaction ID: SA11AI.28003

Amount of Each Receipt this Period 120.00

Bi-weekly payroll deduction - 10.00

SUBTOTAL of Receipts This Page (optional) ► **885.20**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Kevin Murphy	Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 6751 Hampsford Circle	Transaction ID: SA11AI.28005
	City Toledo State OH Zip Code 43617	Amount of Each Receipt this Period 384.50
	FEC ID number of contributing federal political committee. C	Weekly payroll deduction - 15.38
	Name of Employer HCR Manor Care, Inc. Occupation Regional Dir of Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 472.85	

B.	Full Name (Last, First, Middle Initial) Terrance Murphy	Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 2379 Schaffer Road	Transaction ID: SA11AI.28006
	City Pottstown State PA Zip Code 19464	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 30.00
	Name of Employer HCR Manor Care, Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Sue Henshaw Myatt	Date of Receipt MM / DD / YYYY 10 / 24 / 2007
	Mailing Address 9202 Gable Ridge Terrace #F	Transaction ID: SA11AI.28008
	City Rockville State MD Zip Code 20850	Amount of Each Receipt this Period 219.24
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 36.54
	Name of Employer HCR Manor Care, Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 219.24	

SUBTOTAL of Receipts This Page (optional)	963.74
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Ms Joylin Nation		Date of Receipt
	Mailing Address 15985 Voyageurs Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	West Palm Beach	FL	33414
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.28009
		Amount of Each Receipt this Period	
		<input type="text"/> 499.98	
Name of Employer HCR Manor Care, Inc.		Occupation Senior Administrator	Bi-weekly payroll deduction - 38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 894.25	

B.	Full Name (Last, First, Middle Initial) David K Nees		Date of Receipt
	Mailing Address 5315 Rymoor Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Sylvania	OH	43560
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.28010
		Amount of Each Receipt this Period	
		<input type="text"/> 1092.00	
Name of Employer HCR. Manor Care, Inc		Occupation Associate General Counsel	Bi-weekly payroll deduction - 84.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 1492.65	

C.	Full Name (Last, First, Middle Initial) Linda Neumann		Date of Receipt
	Mailing Address 28 Roslyn Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Grosse Pointe Shor	MI	48236
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.28012
		Amount of Each Receipt this Period	
		<input type="text"/> 702.00	
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	Bi-weekly payroll deduction - 54.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 1233.06	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2293.98
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 93
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Linda Neumann

Mailing Address 28 Roslyn Road

City State Zip Code
Grosse Pointe Shor MI 48236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Regional Director of Operation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.06

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.27651

Amount of Each Receipt this Period
100.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Linda Neumann

Mailing Address 28 Roslyn Road

City State Zip Code
Grosse Pointe Shor MI 48236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Regional Director of Operation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1433.06

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.27652

Amount of Each Receipt this Period
100.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Gordon C Ochs

Mailing Address 2505 Waterford Court

City State Zip Code
Palmetto FL 34221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Regional Director of Operation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2007

Transaction ID: SA11AI.28016

Amount of Each Receipt this Period
650.00

Bi-weekly payroll deduction - 50.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Ms Leslie Ohm	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 12331 South 71st Avenue	Transaction ID: SA11AI.27654
	City State Zip Code Palos Heights IL 60463	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR.ManorCare, Inc. Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Ms. Annette Orlowski	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 669 Highway 60	Transaction ID: SA11AI.28017
	City State Zip Code Cedarburg WI 53012	Amount of Each Receipt this Period 751.79
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 57.83
	Name of Employer Occupation HCR.ManorCare, Inc. Director, Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1502.04	

C.	Full Name (Last, First, Middle Initial) Ann E Otley	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 333 W Wooster St	Transaction ID: SA11AI.28018
	City State Zip Code Bowling Green OH 43402	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 35.00
	Name of Employer Occupation HCR ManorCare Inc. Director of Corporate Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	▶	1271.79
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. James Pagoaga

Mailing Address 13129 Fox Path Lane

City State Zip Code
West Friendship MD 21794

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR.ManorCare, Inc. Vice President, Rehabilitation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.48

Date of Receipt
MM / DD / YYYY
07 / 25 / 2007

Transaction ID: SA11AI.28020

Amount of Each Receipt this Period
38.50

Bi-weekly payroll deduction - 38.46

B. Full Name (Last, First, Middle Initial)
Mr. David Parker

Mailing Address 2154 Tremont Road

City State Zip Code
Columbus OH 43212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR.ManorCare, Inc. VP Assistant General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1633.46

Date of Receipt
MM / DD / YYYY
12 / 24 / 2007

Transaction ID: SA11AI.28022

Amount of Each Receipt this Period
849.94

Bi-weekly payroll deduction - 65.38

C. Full Name (Last, First, Middle Initial)
Richard A Parr II

Mailing Address 2253 Gray Fox Court

City State Zip Code
Ann Arbor MI 48103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. VP - General Counsel & Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.65

Date of Receipt
MM / DD / YYYY
12 / 24 / 2007

Transaction ID: SA11AI.28023

Amount of Each Receipt this Period
2500.03

Bi-weekly payroll deduction - 192.31

SUBTOTAL of Receipts This Page (optional) ► 3388.47

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Douglas M Parson	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 812 Countay Club Drive	Transaction ID: SA11AI.28024
	City State Zip Code Butler MO 64730	Amount of Each Receipt this Period 231.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 19.25
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 489.50	

B.	Full Name (Last, First, Middle Initial) Deborah A Parziale	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 8850 Little Creek Road	Transaction ID: SA11AI.28025
	City State Zip Code Reno NV 89506	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 30.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

C.	Full Name (Last, First, Middle Initial) Karen K Phelps	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address Rt. 4^ Box 87p	Transaction ID: SA11AI.28033
	City State Zip Code Tecumseh OK 74873	Amount of Each Receipt this Period 390.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 30.00
Name of Employer HCR ManorCare Inc.	Occupation Admin Dir Of Nursing Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	981.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) David III Pipkin		Date of Receipt
	Mailing Address 9211 Marydell Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Ellicott City	MD	21042
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.28035
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 863.70	<input type="text"/> 473.70
			Bi-weekly payroll deduction - 48.95

B.	Full Name (Last, First, Middle Initial) Clifton J Porter II		Date of Receipt
	Mailing Address 3929 Azalea Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Maumee	OH	43537
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.28036
Name of Employer HCR ManorCare Inc.		Occupation AVP^ Government Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1447.38	<input type="text"/> 799.89
			Bi-weekly payroll deduction - 61.53

C.	Full Name (Last, First, Middle Initial) Michael J Reed		Date of Receipt
	Mailing Address 3899 Midshore Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Naples	FL	34109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.28042
Name of Employer HCR Manor Care, Inc.		Occupation VP Assisted Living Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2203.84	<input type="text"/> 1125.02
			Bi-weekly payroll deduction - 86.54

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2398.61
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Margaret A Reitmeyer	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 13 Gregory Drive	Transaction ID: SA11AI.28043
	City State Zip Code Kenil NJ 07847	Amount of Each Receipt this Period 408.72
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 34.06
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.62	

B.	Full Name (Last, First, Middle Initial) John I Remenar	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 2723 Rexton Ridge Rd	Transaction ID: SA11AI.28044
	City State Zip Code Toledo OH 43617	Amount of Each Receipt this Period 1940.12
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 149.24
Name of Employer HCR ManorCare Inc.	Occupation VP Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2788.60	

C.	Full Name (Last, First, Middle Initial) Betty Jo Renker	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 5718 Prentiss	Transaction ID: SA11AI.28045
	City State Zip Code San Antonio TX 78240	Amount of Each Receipt this Period 156.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 12.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.35	

SUBTOTAL of Receipts This Page (optional)	2504.84
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Deborah G Rhude	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 6522 Lilly Road	Transaction ID: SA11AI.28047
	City Hillsboro State OH Zip Code 45133	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 10.00
Name of Employer HCR ManorCare Inc. Occupation Admissions Director	Aggregate Year-to-Date 245.82	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Damian M Rodgers	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 4647 Calico Court	Transaction ID: SA11AI.28050
	City Monclova State OH Zip Code 43542	Amount of Each Receipt this Period 459.03
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 35.31
Name of Employer HCR Manor Care, Inc. Occupation Legal Counsel	Aggregate Year-to-Date 564.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Glen Roebuck	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 314 Forest Road	Transaction ID: SA11AI.28051
	City Davenport State IA Zip Code 52803	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 40.00
Name of Employer HCR ManorCare Inc. Occupation Regional Director of Operation	Aggregate Year-to-Date 860.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1099.03
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) David R Roth	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 5257 Bentwood Drive	Transaction ID: SA11AI.28053
	City State Zip Code Mason OH 45040	Amount of Each Receipt this Period 286.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 22.00
	Name of Employer Occupation HCR ManorCare Inc. Director Of Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.73	

B.	Full Name (Last, First, Middle Initial) Lynette M Rugg	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 1348 Oakland Circle	Transaction ID: SA11AI.28055
	City State Zip Code N. Aurora IL 60542	Amount of Each Receipt this Period 315.51
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 24.27
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 529.05	

C.	Full Name (Last, First, Middle Initial) Lynette M Rugg	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1348 Oakland Circle	Transaction ID: SA11AI.27669
	City State Zip Code N. Aurora IL 60542	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 629.05	

SUBTOTAL of Receipts This Page (optional)	701.51
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Lynette M Rugg	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1348 Oakland Circle	Transaction ID: SA11AI.27670
	City State Zip Code N. Aurora IL 60542	Amount of Each Receipt this Period 925.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1554.05	

B.	Full Name (Last, First, Middle Initial) Richard G Rump	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 2423 Heather Glen Dr	Transaction ID: SA11AI.28056
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 431.13
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 49.42
	Name of Employer Occupation HCR ManorCare Inc. Dir^ Corporate Communication	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 681.12	

C.	Full Name (Last, First, Middle Initial) Judith A Sager	Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 68 Meadow Court	Transaction ID: SA11AI.28057
	City State Zip Code Sinking Spring PA 19608	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	Weekly payroll deduction - 5.00
	Name of Employer Occupation HCR ManorCare Inc. Manager Market Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

SUBTOTAL of Receipts This Page (optional)	▶	1481.13
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Beverly Santuomo		Date of Receipt
	Mailing Address P.O. Box 118		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Howard	OH	43028
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR Manor Care, Inc.		Occupation Manager of Clinical Services	Transaction ID: SA11AI.28059
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 260.00	<input type="text"/> 130.00
			Bi-weekly payroll deduction - 10.00

B.	Full Name (Last, First, Middle Initial) Francis J Schmitt		Date of Receipt
	Mailing Address 4007 Thistle Hill Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Sugar Land	TX	77479
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR ManorCare Inc.		Occupation VP^ Operations	Transaction ID: SA11AI.28060
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1760.00	<input type="text"/> 960.00
			Bi-weekly payroll deduction - 80.00

C.	Full Name (Last, First, Middle Initial) Bruce G Schroeder		Date of Receipt
	Mailing Address 10945 Lakeview Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 7
	City	State	Zip Code
	Whitehouse	OH	43571
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR ManorCare Inc.		Occupation AVP Home Health	Transaction ID: SA11AI.28061
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1120.00	<input type="text"/> 780.00
			Bi-weekly payroll deduction - 60.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1870.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 93
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Mark Schroepfer

Mailing Address 2328 Bonnie Brae

City State Zip Code
Santa Ana CA 92706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR.ManorCare, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.28062

Amount of Each Receipt this Period
220.00

Bi-weekly payroll deduction - 20.00

B.

Full Name (Last, First, Middle Initial)
Mr. Edward Schuch

Mailing Address 304 Adriana Court

City State Zip Code
Northhampton PA 18067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.28063

Amount of Each Receipt this Period
292.50

Bi-weekly payroll deduction - 22.50

C.

Full Name (Last, First, Middle Initial)
Susan Sexton

Mailing Address 7645 Yawberg Road

City State Zip Code
Whitehouse OH 43571

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Senior Manager - Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.22

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.28066

Amount of Each Receipt this Period
200.22

Bi-weekly payroll deduction - 33.37

SUBTOTAL of Receipts This Page (optional) ► **712.72**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Raymond L Sill	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address P.O. Box 341	Transaction ID: SA11AI.28070
	City Logan State OH Zip Code 43138	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 30.00
	Name of Employer HCR Manor Care, Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) Katie Slench	Date of Receipt MM / DD / YYYY 12 / 20 / 2007
	Mailing Address 7492 E Plank Trail Ct	Transaction ID: SA11AI.28071
	City Frankfort State IL Zip Code 60423	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 15.00
	Name of Employer HCR Manor Care, Inc. Occupation Reg Resident Assessment Coordinator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Katie Slench	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 7492 E Plank Trail Ct	Transaction ID: SA11AI.27675
	City Frankfort State IL Zip Code 60423	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer HCR Manor Care, Inc. Occupation Reg Resident Assessment Coordinator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 410.00	

SUBTOTAL of Receipts This Page (optional)	740.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Theresa J Smelser	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 202 N. Elm Hurst Rd.	Transaction ID: SA11AI.28072
	City State Zip Code Prospect Heights IL 60070	Amount of Each Receipt this Period 398.24
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 29.72
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 823.21	

B.	Full Name (Last, First, Middle Initial) David W Snyder Jr	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 3117 Terry Dr. SE	Transaction ID: SA11AI.28076
	City State Zip Code Cedar Rapids IA 52403	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 15.00
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Marionlee J Specter	Date of Receipt MM / DD / YYYY 09 / 12 / 2007
	Mailing Address 5286 Sell Road	Transaction ID: SA11AI.28078
	City State Zip Code New Tripoli PA 18066	Amount of Each Receipt this Period 192.50
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 38.50
Name of Employer HCR ManorCare Inc.	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 693.00	

SUBTOTAL of Receipts This Page (optional)	770.74
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Steven D Spencer	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 1102 Towsley Lane	Transaction ID: SA11AI.28079
	City State Zip Code Ann Arbor MI 48105	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 50.00
	Name of Employer Occupation HCR ManorCare Inc. VP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 957.72	

B.	Full Name (Last, First, Middle Initial) Barbara Stadelberger	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 830 Middlesborough Way	Transaction ID: SA11AI.28080
	City State Zip Code Mickleton NJ 08056	Amount of Each Receipt this Period 330.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 30.00
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Patricia Jane Stahr	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 807 Johnston Drive	Transaction ID: SA11AI.28081
	City State Zip Code Bethlehem PA 18017	Amount of Each Receipt this Period 83.64
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 6.97
	Name of Employer Occupation HCR ManorCare Inc. Admin Dir Of Nursing Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.64	

SUBTOTAL of Receipts This Page (optional)	863.64
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Anthony J Stinson	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 7
	Mailing Address 3 Lynnefield Court	Transaction ID: SA11AI.28084
	City State Zip Code Medford NJ 08055	Amount of Each Receipt this Period 309.68
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 33.71
	Name of Employer Occupation HCR ManorCare Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 439.68	

B.	Full Name (Last, First, Middle Initial) Ms. Victoria Strom	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address Route 1	Transaction ID: SA11AI.27593
	City State Zip Code Victoria IL 61485	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR ManorCare, Inc. MMD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Victoria Strom	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address Route 1	Transaction ID: SA11AI.27678
	City State Zip Code Victoria IL 61485	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR ManorCare, Inc. MMD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	659.68
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Celia Garwood Tomlinson

Mailing Address P.O. Box 981

City State Zip Code
Green Cove Springs FL 32043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR.ManorCare, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.27898

Amount of Each Receipt this Period
266.00

Bi-weekly payroll deduction - 19.00

B.

Full Name (Last, First, Middle Initial)
Rami Ubaydi

Mailing Address 27134 Pumpkin Street

City State Zip Code
Murrieta CA 92562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Regional Director of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1058.15

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.28090

Amount of Each Receipt this Period
550.03

Bi-weekly payroll deduction - 42.31

C.

Full Name (Last, First, Middle Initial)
Mr. John F. Vrba

Mailing Address 39W380 Preston Circle

City State Zip Code
Geneva IL 60134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.27684

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **916.03**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Suzanne Waldo

Mailing Address 267 Mather Road

City State Zip Code
Jenkintown PA 19046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.28092

Amount of Each Receipt this Period
130.00

Bi-weekly payroll deduction - 10.00

B.

Full Name (Last, First, Middle Initial)
Cynthia A Walter

Mailing Address 1860 White Oak Drive

City State Zip Code
Sinking Spring PA 19608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.28093

Amount of Each Receipt this Period
260.00

Bi-weekly payroll deduction - 20.00

C.

Full Name (Last, First, Middle Initial)
Mr. Douglas Wanke

Mailing Address 13908 Pondview Road

City State Zip Code
Silver Spring MD 20905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Director of Health Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1045.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.28094

Amount of Each Receipt this Period
715.00

Bi-weekly payroll deduction - 55.00

SUBTOTAL of Receipts This Page (optional) ► **1105.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Kim M Ward	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 2414 Greendale Road	Transaction ID: SA11AI.28095
	City State Zip Code Wilmington DE 19810	Amount of Each Receipt this Period 312.61
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 30.29
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.61	

B.	Full Name (Last, First, Middle Initial) Susan Ward	Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 12 Arapaho	Transaction ID: SA11AI.28096
	City State Zip Code Shawnee OK 74801	Amount of Each Receipt this Period 480.75
	FEC ID number of contributing federal political committee. C	Weekly payroll deduction - 19.23
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

C.	Full Name (Last, First, Middle Initial) Jamie R Weis-Jones	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 731 Pincrest Ln	Transaction ID: SA11AI.28097
	City State Zip Code Naples FL 34104	Amount of Each Receipt this Period 103.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 7.00
	Name of Employer Occupation HCR ManorCare Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.00	

SUBTOTAL of Receipts This Page (optional)	896.36
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial) Candy L White		Date of Receipt MM / DD / YYYY 12 / 24 / 2007
Mailing Address 3514 Sylvan Lane		Transaction ID: SA11AI.28099
City Peoria	State IL	Zip Code 61615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer HCR ManorCare Inc.	Occupation Administrator	Bi-weekly payroll deduction - 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.

Full Name (Last, First, Middle Initial) Mark A Wilson		Date of Receipt MM / DD / YYYY 12 / 24 / 2007
Mailing Address 140 Packet Drive		Transaction ID: SA11AI.28102
City Charles Town	State WV	Zip Code 25414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction - 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) Dan Wood		Date of Receipt MM / DD / YYYY 12 / 24 / 2007
Mailing Address 844 Miami Street		Transaction ID: SA11AI.28104
City Toledo	State OH	Zip Code 43605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 826.80
Name of Employer HCR ManorCare Inc.	Occupation Asst General Mgr	Bi-weekly payroll deduction - 63.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1614.00	

SUBTOTAL of Receipts This Page (optional)	1281.80
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Ms Sherriann Wood	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 5 Aberfield Lane	Transaction ID: SA11AI.28105
	City State Zip Code Miamisburg OH 45342	Amount of Each Receipt this Period 700.05
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 53.85
	Name of Employer Occupation HCR.ManorCare, Inc. RDO - Central Division Region 2	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1307.76	

B.	Full Name (Last, First, Middle Initial) Julie A Yoxtheimer	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 249 E Pearl St	Transaction ID: SA11AI.28109
	City State Zip Code Findlay OH 45840	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 10.00
	Name of Employer Occupation HCR ManorCare Inc. Sr Reimbursement Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

C.	Full Name (Last, First, Middle Initial) Cynthia M Zalewski	Date of Receipt MM / DD / YYYY 12 / 24 / 2007
	Mailing Address 3845 Drummond Rd	Transaction ID: SA11AI.28111
	City State Zip Code Toledo OH 43613	Amount of Each Receipt this Period 477.62
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 36.74
	Name of Employer Occupation HCR ManorCare Inc. Senior Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 762.63	

SUBTOTAL of Receipts This Page (optional)	1307.67
TOTAL This Period (last page this line number only)	84915.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) The Huntington National Bank		Date of Receipt MM / DD / YYYY 07 / 31 / 2007
	Mailing Address P.O. Box 5065		Transaction ID: SA17.27502
	City Cleveland	State OH	Zip Code 44101-0065
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.20
	Name of Employer	Occupation	Interest Income - July 07

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.10
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) The Huntington National Bank		Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address P.O. Box 5065		Transaction ID: SA17.27579
	City Cleveland	State OH	Zip Code 44101-0065
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.38
	Name of Employer	Occupation	Interest Income - Aug 07

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.48
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) The Huntington National Bank		Date of Receipt MM / DD / YYYY 09 / 28 / 2007
	Mailing Address P.O. Box 5065		Transaction ID: SA17.27580
	City Cleveland	State OH	Zip Code 44101-0065
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.22
	Name of Employer	Occupation	Interest Income - Sept 07

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.70
---	------------------------------------

SUBTOTAL of Receipts This Page (optional)	▶	111.80
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 72 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
The Huntington National Bank
Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 371.95

Date of Receipt 10 / 31 / 2007
Transaction ID: SA17.27582
 Amount of Each Receipt this Period 30.25
 Interest Income - Oct 07

B. Full Name (Last, First, Middle Initial)
The Huntington National Bank
Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.70

Date of Receipt 11 / 30 / 2007
Transaction ID: SA17.27583
 Amount of Each Receipt this Period 24.75
 Interest Income - Nov 07

C. Full Name (Last, First, Middle Initial)
The Huntington National Bank
Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 414.25

Date of Receipt 12 / 31 / 2007
Transaction ID: SA17.27584
 Amount of Each Receipt this Period 17.55
 Interest Income - Dec 07

SUBTOTAL of Receipts This Page (optional) ► 72.55

TOTAL This Period (last page this line number only) ► 184.35

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 73 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

ALLIANCE FOR QUALITY NURSING HOME CARE INC POLITICAL ACTION COMMITTEE (AQNH PAC)

Mailing Address 1001 PENNSYLVANIA AVE NW SUITE 600

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.27519

Date of Disbursement

07 / 27 / 2007

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.27765

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

CITIZENS FOR ALTMIRE

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.27754

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 74 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR	Transaction ID: SB23.27728
	Mailing Address PO BOX 1096	Date of Disbursement 09 / 05 / 2007
	City BANGOR State ME Zip Code 04402	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DASKAS FOR CONGRESS	Transaction ID: SB23.27766
	Mailing Address PO BOX 91528	Date of Disbursement 11 / 28 / 2007
	City HENDERSON State NV Zip Code 89009	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB23.27753
	Mailing Address 430 S Capitol Street SE	Date of Disbursement 10 / 29 / 2007
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Transaction ID: SB23.27772

Date of Disbursement

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

Mailing Address 120 MARYLAND AVENUE NE

Amount of Each Disbursement this Period

5000.00

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
FRIENDS FOR HARRY REID

Transaction ID: SB23.27734

Date of Disbursement

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

Mailing Address P.O. BOX 19163

Amount of Each Disbursement this Period

2500.00

City State Zip Code
LAS VEGAS NV 89132

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF DAN MAFFEI

Transaction ID: SB23.27751

Date of Disbursement

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

Mailing Address PO Box 74

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Syracuse NY 13214

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

TOTAL This Period (last page this line number only) ►

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.27735

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF JAY ROCKEFELLER

Mailing Address PO BOX 1909

City CHARLESTON State WV Zip Code 25327

Purpose of Disbursement
AHCA event on 8/21/2007

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.27520

Date of Disbursement

08 / 20 / 2007

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Hoyer for Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.27510

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) JOHN BOCCIERI FOR CONGRESS	Transaction ID: SB23.27736 Date of Disbursement																			
	Mailing Address PO BOX 3016	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	5	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	5	/	2	0	0	7												
	City ALLIANCE State OH Zip Code 44601	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS	Transaction ID: SB23.27763 Date of Disbursement																			
	Mailing Address 2015 Wallace Rd.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	8	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	2	8	/	2	0	0	7												
	City Atlanta State GA Zip Code 30331	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS	Transaction ID: SB23.27755 Date of Disbursement																			
	Mailing Address 100 W. College Ave. 50 D	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	9	/	2	0	0	7												
	City Appleton State WI Zip Code 54911	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00
4000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
KENDRICK MEEK CAMPAIGN FOR CONGRESS

Mailing Address 111 NW 183rd Street
Suite 325

City Miami State FL Zip Code 33169

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.27762

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
LARSON FOR CONGRESS

Mailing Address 29 RUFF CIRCLE

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.27764

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
LATTA FOR CONGRESS

Mailing Address 300 North Main Street

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.27739

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
LEADERSHIP IN THE NEW CENTURY (LINC PAC)

Transaction ID: SB23.27761

Date of Disbursement

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

Mailing Address 124 West Capitol Avenue
Suite 630

Amount of Each Disbursement this Period

3000.00

City Little Rock State AR Zip Code 72201

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
MASSACHUSETTS DEMOCRATIC STATE COMMITTEE - FED FUND

Transaction ID: SB23.27740

Date of Disbursement

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

Mailing Address 56 ROLAND ST
NORTH LOBBY #203

Amount of Each Disbursement this Period

5000.00

City BOSTON State MA Zip Code 02129

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
MASSA FOR CONGRESS

Transaction ID: SB23.27752

Date of Disbursement

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

Mailing Address 59 EAST MARKET STREET SUITE 244

Amount of Each Disbursement this Period

1000.00

City CORNING State NY Zip Code 14830

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS	Transaction ID: SB23.27759
	Mailing Address 5429 Madison Avenue	Date of Disbursement 10 / 31 / 2007
	City Sacramento State CA Zip Code 95841	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MONTANA DEMOCRATIC PARTY	Transaction ID: SB23.27771
	Mailing Address PO Box 802	Date of Disbursement 12 / 19 / 2007
	City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NATIONAL LEADERSHIP PAC	Transaction ID: SB23.27750
	Mailing Address PO box 5577	Date of Disbursement 10 / 29 / 2007
	City New York State NY Zip Code 10027	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

<p>A. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE</p> <p>Mailing Address 425 SECOND STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.27517</p> <p>Date of Disbursement 07 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) ORRINPAC</p> <p>Mailing Address 175 S. WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.27730</p> <p>Date of Disbursement 09 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS</p> <p>Mailing Address PO BOX 3176</p> <p>City LONG BRANCH State NJ Zip Code 07740</p> <p>Purpose of Disbursement AHCA event on 7/17/2007</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.27509</p> <p>Date of Disbursement 07 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION COMMITTEE (PHILPAC)	Transaction ID: SB23.27767
	Mailing Address 104 Hume Avenue	Date of Disbursement MM / DD / YYYY 12 / 04 / 2007
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS	Transaction ID: SB23.27511
	Mailing Address PO Box 5577 MANHATTANVILLE STA	Date of Disbursement MM / DD / YYYY 07 / 09 / 2007
	City New York State NY Zip Code 10027	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RON KIND FOR CONGRESS COMMITTEE	Transaction ID: SB23.27518
	Mailing Address 205 South 5th Ave Suite 428	Date of Disbursement MM / DD / YYYY 07 / 25 / 2007
	City La Crosse State WI Zip Code 54601	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement AHCA event on 7/25/2007 Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) SALAZAR FOR SENATE	Transaction ID: SB23.27748 Date of Disbursement
	Mailing Address PO BOX 600	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City DENVER State CO Zip Code 80201	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SALAZAR FOR SENATE	Transaction ID: SB23.27749 Date of Disbursement
	Mailing Address PO BOX 600	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City DENVER State CO Zip Code 80201	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SHELBY FOR U S SENATE	Transaction ID: SB23.27732 Date of Disbursement
	Mailing Address POST OFFICE BOX 1091	<input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City TUSCALOOSA State AL Zip Code 35403	Amount of Each Disbursement this Period
	Purpose of Disbursement Luncheon on 9/20/2007	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE	Transaction ID: SB23.27746 Date of Disbursement 10 / 19 / 2007
	Mailing Address PO BOX 4945	Amount of Each Disbursement this Period 3000.00
	City EAST LANSING State MI Zip Code 48826	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) STEPHANIE TUBBS JONES FOR US CONGRESS	Transaction ID: SB23.27727 Date of Disbursement 08 / 28 / 2007
	Mailing Address 3729 SILSBY RD	Amount of Each Disbursement this Period 5000.00
	City UNIVERSITY HEIGHTS State OH Zip Code 44118	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) STEPHANIE TUBBS JONES FOR US CONGRESS	Transaction ID: SB23.27768 Date of Disbursement 12 / 06 / 2007
	Mailing Address 3729 SILSBY RD	Amount of Each Disbursement this Period 3000.00
	City UNIVERSITY HEIGHTS State OH Zip Code 44118	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) TEAM SUNUNU	Transaction ID: SB23.27513
	Mailing Address PO BOX 500	Date of Disbursement 07 / 09 / 2007
	City RYE State NH Zip Code 03870	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Grassley Committee	Transaction ID: SB23.27747
	Mailing Address 5333 Fillmore Avenue	Date of Disbursement 10 / 22 / 2007
	City Alexandria State VA Zip Code 22311	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIM MAHONEY FOR FLORIDA	Transaction ID: SB23.27737
	Mailing Address 4114 Northlake Blvd Ste 300	Date of Disbursement 10 / 10 / 2007
	City Palm Beach Gardens State FL Zip Code 33410	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) TIM MAHONEY FOR FLORIDA	Transaction ID: SB23.27738 Date of Disbursement
	Mailing Address 4114 Northlake Blvd Ste 300	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City State Zip Code Palm Beach Gardens FL 33410	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS	Transaction ID: SB23.27512 Date of Disbursement
	Mailing Address 10537 St. Paul Street	<input type="text" value="07"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City State Zip Code Kensington MD 20895	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE	Transaction ID: SB23.27756 Date of Disbursement
	Mailing Address 123 West High Avenue	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City State Zip Code New Philadelphia OH 44663	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="96500.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Chet Culver Committee <hr/> Mailing Address P.O. Box 6068 <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.27758 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
	Amount of Each Disbursement this Period 500.00
	<input type="checkbox"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Citizens for Alma Wheeler Smith <hr/> Mailing Address 5540 5 Mile Road <hr/> City South Lyon State MI Zip Code 48178 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.27729 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period 250.00
	<input type="checkbox"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Citizens for Wagoner <hr/> Mailing Address 7445 Airport Highway <hr/> City Holland State OH Zip Code 43528 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.27522 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	<input type="checkbox"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris Mailing Address 1238 Township Road 1506 City Ashland State OH Zip Code 44805 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.27745 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Keith McCall Mailing Address P.O. Box 244 City Lansford State PA Zip Code 18232 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.27757 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7	Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Friends of Dominic Pileggi Mailing Address 100 Granite Drive City Media State PA Zip Code 19063 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.27760 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Friends of Mary-Dulany James

Transaction ID: SB29.27769
Date of Disbursement

Mailing Address 131 South Union Avenue
Suite B

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

City State Zip Code
Havre de Grace MD 21078

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Husted for Ohio

Transaction ID: SB29.27744
Date of Disbursement

Mailing Address 148 Sherbrooke Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	7

City State Zip Code
Kettering OH 45429

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
IHCA-PAC

Transaction ID: SB29.27521
Date of Disbursement

Mailing Address 1029 S. Fourth Street

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

City State Zip Code
Springfield IL 62703

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Senate Democratic Fund	Transaction ID: SB29.27731 Date of Disbursement
	Mailing Address P.O. Box 11111	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
	City Lansing State MI Zip Code 48901	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Take Back the House PAC	Transaction ID: SB29.27770 Date of Disbursement
	Mailing Address 330 Wood Street	<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
	City Lansing State MI Zip Code 48906	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Team 13	Transaction ID: SB29.27733 Date of Disbursement
	Mailing Address P.O. Box 278	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
	City Simpsonville State MD Zip Code 21150	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB29.27503
	Mailing Address P.O. Box 5065	Date of Disbursement MM / DD / YYYY 07 / 16 / 2007
	City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period 44.79
	Purpose of Disbursement Other Services Fees - July 07	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB29.27721
	Mailing Address P.O. Box 5065	Date of Disbursement MM / DD / YYYY 08 / 15 / 2007
	City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period 41.80
	Purpose of Disbursement Other Services Fees - Aug 07	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Huntington National Bank	Transaction ID: SB29.27722
	Mailing Address P.O. Box 5065	Date of Disbursement MM / DD / YYYY 09 / 17 / 2007
	City Cleveland State OH Zip Code 44101-0065	Amount of Each Disbursement this Period 44.02
	Purpose of Disbursement Other Services Fees - Sept 07	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	130.61
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) The Huntington National Bank Mailing Address P.O. Box 5065 City Cleveland State OH Zip Code 44101-0065 Purpose of Disbursement Credit Card Fees - Leroy Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.27723 Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 1.65
B.	Full Name (Last, First, Middle Initial) The Huntington National Bank Mailing Address P.O. Box 5065 City Cleveland State OH Zip Code 44101-0065 Purpose of Disbursement Other Services Fees - Oct 07 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.27724 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 41.05
C.	Full Name (Last, First, Middle Initial) The Huntington National Bank Mailing Address P.O. Box 5065 City Cleveland State OH Zip Code 44101-0065 Purpose of Disbursement Other Services Fees - Nov 07 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.27725 Date of Disbursement 11 / 15 / 2007 Amount of Each Disbursement this Period 42.93

SUBTOTAL of Disbursements This Page (optional) ▶	85.63
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement
Other Services Fees - Dec 07

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.27726

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

42.40

SUBTOTAL of Disbursements This Page (optional)

42.40

TOTAL This Period (last page this line number only)

12758.64