07/31/2001 08 : 43

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**

Office Use Only

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

HCR Manor Care PAC

ADDRESS (number and street) ▼ — Check if different than previously reported. (ACC)

333 North Summit Street

16th Floor

Toledo | OH | 43604 – 2617

CITY ▲ STATE ▲ ZIPCODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00260141

3. IS THIS REPORT — X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

X July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

| | | | |
|---|---|---|---|
| Feb 20 (M2) | May 20 (M5) | Aug 20 (M8) | Nov 20 (M11) (Non-Election Year Only) |
| Mar 20 (M3) | Jun 20 (M6) | Sep 20 (M9) | Dec 20 (M12) (Non-Election Year Only) |
| Apr 20 (M4) | Jul 20 (M7) | Oct 20 (M10) | Jan 31 (M13) |

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 01 01 2001 through 06 30 2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Frank Jannazo

Signature of Treasurer Electronically Filed by Mr. Frank Jannazo Date 07 31 2001

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

| Office Use Only | | | FEC FORM 3X (Revised 1/2001) |
|---|---|---|---|

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)



Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From: 01 01 2001 To: 06 30 2001

| | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1 2001 | | 26328.75 |
| (b) Cash on Hand at Begining of Reporting Period ..... | 26328.75 | |
| (c) Total Receipts (from Line 19) ..... | 27657.91 | 27657.91 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... | 53986.66 | 53986.66 |
| 7. Total Disbursements (from Line 30) ..... | 17362.30 | 17362.30 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ..... | 36624.36 | 36624.36 |
| 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 800-420-9530
Local 202-694-1100

# DETAILED SUMMARY PAGE
OF RECEIPTS



Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From: 01 01 2001 To: 06 30 2001

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) ..... | 8659.32 | |
| (ii) Unitemized ..... | 18801.91 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶ | 27461.23 | 27461.23 |
| (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 32, page 4) ..... ▶ | 27461.23 | 27461.23 |
| 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 36, page 4) ..... | 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.) ..... | 196.68 | 196.68 |
| 18. Transfers from Nonfederal Account for Joint Activity ..... | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶ | 27657.91 | 27657.91 |
| 20. Total Federal Receipts (subtract Line 16 from Line 19) ..... ▶ | 27657.91 | 27657.91 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)



| 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 | 12000.00 | 12000.00 |
| 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 | 99.90 | 99.90 |
| (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)) ▶ | 99.90 | 99.90 |
| 29. Other Disbursements | 5262.40 | 5262.40 |
| 30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶ | 17362.30 | 17362.30 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶ | 17362.30 | 17362.30 |
| **III. Net Contributions/Operating Expenditures** | | |
| 32. Total Contributions (other than loans) from Line 11(d), page 3) | 27461.23 | 27461.23 |
| 33. Total Contribution Refunds (from Line 28(d)) | 99.90 | 99.90 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32) | 27361.33 | 27361.33 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 0.00 | 0.00 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶ | 0.00 | 0.00 |

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

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

FOR LINE NUMBER: (check only one) PAGE 5 / 43

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

**A.**
Full Name (Last, First, Middle Initial): Ms. Jocelyn D. Barnes
Mailing Address: 309 Crisan Court
City: Orlando State: FL Zip Code: 32824
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 15 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.6232

**B.**
Full Name (Last, First, Middle Initial): Mr. R. Jeffery Bixler
Mailing Address: 9 Riverhills Lane
City: Toledo State: OH Zip Code: 43623
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President & General Counsel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 115.38
Transaction ID: SA11A1.2014

**C.**
Full Name (Last, First, Middle Initial): Mr. R. Jeffery Bixler
Mailing Address: 9 Riverhills Lane
City: Toledo State: OH Zip Code: 43623
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President & General Counsel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 03 28 2001
Amount of Each Receipt this Period: 115.38
Transaction ID: SA11A1.2229

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **480.76**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 6 / 43

[X] 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): Mr. R. Jeffery Bixler
Mailing Address: 9 Riverhills Lane
City: Toledo State: OH Zip Code: 43623
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President & General Counsel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 530.75
Date of Receipt: 04 25 2001
Amount of Each Receipt this Period: 126.92
Transaction ID: SA11A1.2230

**B.**
Full Name (Last, First, Middle Initial): Mr. R. Jeffery Bixler
Mailing Address: 9 Riverhills Lane
City: Toledo State: OH Zip Code: 43623
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President & General Counsel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 657.67
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 126.92
Transaction ID: SA11A1.2231

**C.**
Full Name (Last, First, Middle Initial): Mr. R. Jeffery Bixler
Mailing Address: 9 Riverhills Lane
City: Toledo State: OH Zip Code: 43623
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President & General Counsel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 784.59
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 126.92
Transaction ID: SA11A1.2232

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **380.76**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 7 / 43

[X] 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)
Mr. Gerald Bodaiski

Mailing Address
1460 Crescent Drive

City: Elm Grove | State: WI | Zip Code: 53122

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt: 05 23 2001

Amount of Each Receipt this Period: 57.69

Transaction ID: SA11A1.2235

**B.** Full Name (Last, First, Middle Initial)
Mr. Gerald Bodaiski

Mailing Address
1460 Crescent Drive

City: Elm Grove | State: WI | Zip Code: 53122

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt: 06 20 2001

Amount of Each Receipt this Period: 76.92

Transaction ID: SA11A1.2236

**C.** Full Name (Last, First, Middle Initial)
Mr. Richard Borofski

Mailing Address
113 Kathy Ann Lane

City: McMurray | State: PA | Zip Code: 15317

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt: 05 23 2001

Amount of Each Receipt this Period: 38.46

Transaction ID: SA11A1.2239

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **173.07**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 8 / 43

[X] 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)
Mr. Richard Borofski
Mailing Address
113 Kathy Ann Lane
City: McMurray State: PA Zip Code: 15317
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 38.46
Transaction ID: SA11A1.2240

**B.**
Full Name (Last, First, Middle Initial)
Mr. Steven M. Cavanaugh
Mailing Address
1115 Bedford Woods Drive
City: Toledo State: OH Zip Code: 43615
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Corporate Development
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 230.76
Date of Receipt: 04 25 2001
Amount of Each Receipt this Period: 76.92
Transaction ID: SA11A1.2277

**C.**
Full Name (Last, First, Middle Initial)
Mr. Steven M. Cavanaugh
Mailing Address
1115 Bedford Woods Drive
City: Toledo State: OH Zip Code: 43615
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Corporate Development
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 307.68
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 76.92
Transaction ID: SA11A1.2278

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **192.30**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 9 / 43

[X] 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)
Mr. Steven M. Cavanaugh

Mailing Address
1115 Bedford Woods Drive

City: Toledo State: OH Zip Code: 43615

FEC ID number of contributing federal political committee.

Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Corporate Development

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: 06 20 2001

Amount of Each Receipt this Period: 76.92

Transaction ID: SA11A1.2279

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

Mailing Address
620 Ashbury Drive

City: Perrysburg State: OH Zip Code: 43551

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 205.79

Date of Receipt: 03 28 2001

Amount of Each Receipt this Period: 61.54

Transaction ID: SA11A1.2280

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

Mailing Address
620 Ashbury Drive

City: Perrysburg State: OH Zip Code: 43551

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 271.17

Date of Receipt: 04 25 2001

Amount of Each Receipt this Period: 65.38

Transaction ID: SA11A1.2281

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **203.84**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 10 / 43

[X] 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)
Mr. William Chenevert

Mailing Address
620 Ashbury Drive

City: Perrysburg State: OH Zip Code: 43551

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 336.55

Date of Receipt: 05 23 2001

Amount of Each Receipt this Period: 65.38

Transaction ID: SA11A1.2282

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

Mailing Address
620 Ashbury Drive

City: Perrysburg State: OH Zip Code: 43551

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 401.93

Date of Receipt: 06 20 2001

Amount of Each Receipt this Period: 65.38

Transaction ID: SA11A1.2283

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

Mailing Address
3024 Round Table Court

City: Naples State: FL Zip Code: 34112

FEC ID number of contributing federal political committee.

Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 05 23 2001

Amount of Each Receipt this Period: 50.00

Transaction ID: SA11A1.2286

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **180.76**

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

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

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FOR LINE NUMBER: (check only one) PAGE 11 / 43

[X] 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)
Ms Pamela Cox
Mailing Address
3024 Round Table Court
City: Naples State: FL Zip Code: 34112
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 50.00
Transaction ID: SA11A1.2287

**B.**
Full Name (Last, First, Middle Initial)
Ms Nancy Edwards
Mailing Address
5726 Rolbesay Drive
City: Dublin State: OH Zip Code: 43017
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: General Manager, Central Division
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 230.75
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 92.30
Transaction ID: SA11A1.1972

**C.**
Full Name (Last, First, Middle Initial)
Ms Nancy Edwards
Mailing Address
5726 Rolbesay Drive
City: Dublin State: OH Zip Code: 43017
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: General Manager, Central Division
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 315.36
Date of Receipt: 03 28 2001
Amount of Each Receipt this Period: 84.61
Transaction ID: SA11A1.2388

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **226.91**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 12 / 43

[X] 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)
Ms Nancy Edwards

Mailing Address
5726 Rolbesay Drive

City: Dublin State: OH Zip Code: 43017

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 392.28

Date of Receipt: 04 25 2001

Amount of Each Receipt this Period: 76.92

Transaction ID: SA11A1.2389

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

Mailing Address
5726 Rolbesay Drive

City: Dublin State: OH Zip Code: 43017

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 469.20

Date of Receipt: 05 23 2001

Amount of Each Receipt this Period: 76.92

Transaction ID: SA11A1.2390

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

Mailing Address
5726 Rolbesay Drive

City: Dublin State: OH Zip Code: 43017

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 546.12

Date of Receipt: 06 20 2001

Amount of Each Receipt this Period: 76.92

Transaction ID: SA11A1.2391

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **230.76**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 13 / 43

[X] 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)
Ms Roslind Ferrone
Mailing Address
1623 Trisstle Court
City: Canton State: MI Zip Code: 48188
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 240.36
Date of Receipt: 05 30 2001
Amount of Each Receipt this Period: 115.38
Transaction ID: SA11A1.6498

**B.**
Full Name (Last, First, Middle Initial)
Ms Roslind Ferrone
Mailing Address
1623 Trisstle Court
City: Canton State: MI Zip Code: 48188
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 317.28
Date of Receipt: 06 27 2001
Amount of Each Receipt this Period: 76.92
Transaction ID: SA11A1.6499

**C.**
Full Name (Last, First, Middle Initial)
Ms. Sally Gates
Mailing Address
2011 20th Lane
City: Palm Beach Gardens State: FL Zip Code: 33410
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 230.74
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 30.76
Transaction ID: SA11A1.2444

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **223.06**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 14 / 43

[X] 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): Mr. John Graham
Mailing Address: 3447 Edgevale Road
City: Toledo State: OH Zip Code: 43606
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Rehab Services
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 03 08 2001
Amount of Each Receipt this Period: 600.00
Transaction ID: SA11A1.6129

**B.**
Full Name (Last, First, Middle Initial): Mr. Jeff Grillo
Mailing Address: 20568 Courier Ridge Place
City: Ashburn State: VA Zip Code: 20147
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Mid Atlantic
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 259.61
Date of Receipt: 03 28 2001
Amount of Each Receipt this Period: 67.31
Transaction ID: SA11A1.2458

**C.**
Full Name (Last, First, Middle Initial): Mr. Jeff Grillo
Mailing Address: 20568 Courier Ridge Place
City: Ashburn State: VA Zip Code: 20147
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Mid Atlantic
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 317.31
Date of Receipt: 04 25 2001
Amount of Each Receipt this Period: 57.70
Transaction ID: SA11A1.2459

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **725.01**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 15 / 43

[X] 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)
Mr. Jeff Grilo

Mailing Address
20566 Courier Ridge Place

City: Ashburn | State: VA | Zip Code: 20147

FEC ID number of contributing federal political committee.

Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Mid Atlantic

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 375.01

Date of Receipt: 05 23 2001

Amount of Each Receipt this Period: 57.70

Transaction ID: SA11A1.2460

**B.** Full Name (Last, First, Middle Initial)
Mr. Jeff Grilo

Mailing Address
20566 Courier Ridge Place

City: Ashburn | State: VA | Zip Code: 20147

FEC ID number of contributing federal political committee.

Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Mid Atlantic

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 432.71

Date of Receipt: 06 20 2001

Amount of Each Receipt this Period: 57.70

Transaction ID: SA11A1.2461

**C.** Full Name (Last, First, Middle Initial)
Mr. Jon Hennemyre

Mailing Address
1708 Whispering Pines Lane

City: Bellefontaine | State: OH | Zip Code: 43311

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 28 2001

Amount of Each Receipt this Period: 400.00

Transaction ID: SA11A1.6179

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **515.40**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 16 / 43

[X] 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)
Ms J. Susan Hines

Mailing Address
7525 Kings Hollow Court

City: Toledo State: OH Zip Code: 43617

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt: 03 28 2001

Amount of Each Receipt this Period: 96.15

Transaction ID: SA11A1.2494

**B.** Full Name (Last, First, Middle Initial)
Ms J. Susan Hines

Mailing Address
7525 Kings Hollow Court

City: Toledo State: OH Zip Code: 43617

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt: 04 25 2001

Amount of Each Receipt this Period: 115.38

Transaction ID: SA11A1.2495

**C.** Full Name (Last, First, Middle Initial)
Ms J. Susan Hines

Mailing Address
7525 Kings Hollow Court

City: Toledo State: OH Zip Code: 43617

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 519.21

Date of Receipt: 05 23 2001

Amount of Each Receipt this Period: 115.38

Transaction ID: SA11A1.2496

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **326.91**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 17 / 43

[X] 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)
Ms J. Susan Hines

Mailing Address
7525 Kings Hollow Court

City: Toledo State: OH Zip Code: 43617

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 634.59

Date of Receipt: 06 20 2001

Amount of Each Receipt this Period: 115.38

Transaction ID: SA11A1.2497

**B.** Full Name (Last, First, Middle Initial)
Mr. Alan Isaacson

Mailing Address
11602 Buttonwood Drive

City: Austin State: TX Zip Code: 78759

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt: 05 23 2001

Amount of Each Receipt this Period: 38.46

Transaction ID: SA11A1.2527

**C.** Full Name (Last, First, Middle Initial)
Mr. Alan Isaacson

Mailing Address
11602 Buttonwood Drive

City: Austin State: TX Zip Code: 78759

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 06 20 2001

Amount of Each Receipt this Period: 38.46

Transaction ID: SA11A1.2528

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **192.30**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 18 / 43

[X] 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)
Ms. Deborah Koch
Mailing Address
6078 Great Dane Drive
City: Bethel Park State: PA Zip Code: 15102
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 243.90
Date of Receipt: 04 25 2001
Amount of Each Receipt this Period: 54.20
Transaction ID: SA11A1.2552

**B.**
Full Name (Last, First, Middle Initial)
Ms. Deborah Koch
Mailing Address
6078 Great Dane Drive
City: Bethel Park State: PA Zip Code: 15102
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 298.10
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 54.20
Transaction ID: SA11A1.2553

**C.**
Full Name (Last, First, Middle Initial)
Ms. Deborah Koch
Mailing Address
6078 Great Dane Drive
City: Bethel Park State: PA Zip Code: 15102
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 352.30
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 54.20
Transaction ID: SA11A1.2554

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **162.60**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 19 / 43

[X] 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): Mr. Larry C. Lester
Mailing Address: 13507 Westbrook
City: Plymouth State: MI Zip Code: 48170
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 100.00
Transaction ID: SA11A1.1990

**B.**
Full Name (Last, First, Middle Initial): Mr. Larry C. Lester
Mailing Address: 13507 Westbrook
City: Plymouth State: MI Zip Code: 48170
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 03 28 2001
Amount of Each Receipt this Period: 100.00
Transaction ID: SA11A1.2575

**C.**
Full Name (Last, First, Middle Initial): Mr. Larry C. Lester
Mailing Address: 13507 Westbrook
City: Plymouth State: MI Zip Code: 48170
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt: 04 25 2001
Amount of Each Receipt this Period: 100.00
Transaction ID: SA11A1.2576

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 20 / 43

[X] 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): Mr. Larry C. Lester
Mailing Address: 13507 Westbrook
City: Plymouth State: MI Zip Code: 48170
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 100.00
Transaction ID: SA11A1.2577

**B.**
Full Name (Last, First, Middle Initial): Mr. Larry C. Lester
Mailing Address: 13507 Westbrook
City: Plymouth State: MI Zip Code: 48170
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 650.00
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 100.00
Transaction ID: SA11A1.2578

**C.**
Full Name (Last, First, Middle Initial): Ms Patricia Megary
Mailing Address: 3114 Hayfield Drive
City: Ellicott City State: MD Zip Code: 21042
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 230.74
Date of Receipt: 06 27 2001
Amount of Each Receipt this Period: 38.46
Transaction ID: SA11A1.2617

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **238.46**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 21 / 43

[X] 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)
Ms Sylvia Messina

Mailing Address
103 Aspen Avenue

City: Sinking Spring State: PA Zip Code: 19608

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt: 05 23 2001

Amount of Each Receipt this Period: 38.46

Transaction ID: SA11A1.2623

**B.** Full Name (Last, First, Middle Initial)
Ms Sylvia Messina

Mailing Address
103 Aspen Avenue

City: Sinking Spring State: PA Zip Code: 19608

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 06 20 2001

Amount of Each Receipt this Period: 38.46

Transaction ID: SA11A1.2624

**C.** Full Name (Last, First, Middle Initial)
Ms Gloria J. Miller

Mailing Address
1132 Indian Trails

City: Carmel State: IN Zip Code: 46032

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt: 05 23 2001

Amount of Each Receipt this Period: 38.46

Transaction ID: SA11A1.2627

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **115.38**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 22 / 43

[X] 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)
Ms Gloria J. Miller

Mailing Address
1132 Indian Trails

City: Carmel State: IN Zip Code: 46032

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 06 20 2001

Amount of Each Receipt this Period: 38.46

Transaction ID: SA11A1.2628

**B.** Full Name (Last, First, Middle Initial)
Mr. Oscar Morrison

Mailing Address
75 North Hershey Road

City: Harrisburg State: PA Zip Code: 17112

FEC ID number of contributing federal political committee.

Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President & General Manager

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 03 28 2001

Amount of Each Receipt this Period: 76.92

Transaction ID: SA11A1.2629

**C.** Full Name (Last, First, Middle Initial)
Mr. Oscar Morrison

Mailing Address
75 North Hershey Road

City: Harrisburg State: PA Zip Code: 17112

FEC ID number of contributing federal political committee.

Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President & General Manager

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt: 04 25 2001

Amount of Each Receipt this Period: 76.92

Transaction ID: SA11A1.2630

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **192.30**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 23 / 43

[X] 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)
Mr. Oscar Morrison

Mailing Address
75 North Hershey Road

City: Harrisburg State: PA Zip Code: 17112

FEC ID number of contributing federal political committee.

Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President & General Manager

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt: 05 23 2001

Amount of Each Receipt this Period: 76.92

Transaction ID: SA11A1.2831

**B.** Full Name (Last, First, Middle Initial)
Mr. Oscar Morrison

Mailing Address
75 North Hershey Road

City: Harrisburg State: PA Zip Code: 17112

FEC ID number of contributing federal political committee.

Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President & General Manager

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 06 20 2001

Amount of Each Receipt this Period: 76.92

Transaction ID: SA11A1.2832

**C.** Full Name (Last, First, Middle Initial)
Ms. Linda Naumann

Mailing Address
343 Shotwell Court

City: White Lake State: MI Zip Code: 48386

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 13 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.6137

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **653.84**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 24 / 43

[X] 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): Mr. Wade O'Brien
Mailing Address: 2570 Olde Brookside
City: Toledo State: OH Zip Code: 43615
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Human Resources
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 207.90
Date of Receipt: 04 25 2001
Amount of Each Receipt this Period: 46.20
Payroll Deduction bi-weekly $23.10
Transaction ID: SA11A1.2641

**B.**
Full Name (Last, First, Middle Initial): Mr. Wade O'Brien
Mailing Address: 2570 Olde Brookside
City: Toledo State: OH Zip Code: 43615
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Human Resources
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 254.10
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 46.20
Payroll Deduction bi-weekly $23.10
Transaction ID: SA11A1.2642

**C.**
Full Name (Last, First, Middle Initial): Mr. Wade O'Brien
Mailing Address: 2570 Olde Brookside
City: Toledo State: OH Zip Code: 43615
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Human Resources
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.30
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 46.20
Payroll Deduction bi-weekly $23.10
Transaction ID: SA11A1.2643

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **138.60**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 25 / 43

[X] 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): Mr. Gordon Ochs
Mailing Address: 2505 Waterford Court
City: Palmetto State: FL Zip Code: 34221-5911
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Manager
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt: 04 25 2001
Amount of Each Receipt this Period: 100.00
Payroll Deduction bi-weekly $50
Transaction ID: SA11A1.2645

**B.**
Full Name (Last, First, Middle Initial): Mr. Gordon Ochs
Mailing Address: 2505 Waterford Court
City: Palmetto State: FL Zip Code: 34221-5911
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Manager
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 100.00
Payroll Deduction bi-weekly $50
Transaction ID: SA11A1.2646

**C.**
Full Name (Last, First, Middle Initial): Mr. Gordon Ochs
Mailing Address: 2505 Waterford Court
City: Palmetto State: FL Zip Code: 34221-5911
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Manager
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 100.00
Payroll Deduction bi-weekly $50
Transaction ID: SA11A1.2647

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 26 / 43

[X] 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)
Ms Leslie Ohm

Mailing Address
12331 South 71st Avenue

City: Palos Heights State: IL Zip Code: 60463

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt: 05 23 2001

Amount of Each Receipt this Period: 38.46

Payroll Deduction bi-weekly $19.23

Transaction ID: SA11A1.2855

**B.** Full Name (Last, First, Middle Initial)
Ms Leslie Ohm

Mailing Address
12331 South 71st Avenue

City: Palos Heights State: IL Zip Code: 60463

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 06 20 2001

Amount of Each Receipt this Period: 38.46

Payroll Deduction bi-weekly $19.23

Transaction ID: SA11A1.2856

**C.** Full Name (Last, First, Middle Initial)
Mr. Richard Paradee

Mailing Address
4749 Eastbury Estates Drive

City: Davenport State: IA Zip Code: 52807

FEC ID number of contributing federal political committee.

Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 201.95

Date of Receipt: 03 28 2001

Amount of Each Receipt this Period: 57.70

Payroll Deduction $28.85 bi-weekly

Transaction ID: SA11A1.2884

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **134.62**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 27 / 43

[X] 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): Mr. Richard Paredes
Mailing Address: 4749 Eastbury Estates Drive
City: Davenport State: IA Zip Code: 52807
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 251.95
Date of Receipt: 04 25 2001
Amount of Each Receipt this Period: 50.00
Payroll Deduction $25 bi-weekly
Transaction ID: SA11A1.2665

**B.**
Full Name (Last, First, Middle Initial): Mr. Richard Paredes
Mailing Address: 4749 Eastbury Estates Drive
City: Davenport State: IA Zip Code: 52807
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 301.95
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 50.00
Payroll Deduction $25 bi-weekly
Transaction ID: SA11A1.2666

**C.**
Full Name (Last, First, Middle Initial): Mr. Richard Paredes
Mailing Address: 4749 Eastbury Estates Drive
City: Davenport State: IA Zip Code: 52807
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 351.95
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 50.00
Payroll Deduction $25 bi-weekly
Transaction ID: SA11A1.2667

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **150.00**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 28 / 43

[X] 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): Mr. David Parker
Mailing Address: 1945 Beverly Road
City: Columbus State: OH Zip Code: 43221
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 218.75

Date of Receipt: M M / D D / Y Y Y Y 03 28 2001
Amount of Each Receipt this Period: 62.50
Payroll Deduction bi-weekly $31.25
Transaction ID: SA11A1.2673

**B.**
Full Name (Last, First, Middle Initial): Mr. David Parker
Mailing Address: 1945 Beverly Road
City: Columbus State: OH Zip Code: 43221
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 281.25

Date of Receipt: M M / D D / Y Y Y Y 04 25 2001
Amount of Each Receipt this Period: 62.50
Payroll Deduction bi-weekly $31.25
Transaction ID: SA11A1.2674

**C.**
Full Name (Last, First, Middle Initial): Mr. David Parker
Mailing Address: 1945 Beverly Road
City: Columbus State: OH Zip Code: 43221
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 343.75

Date of Receipt: M M / D D / Y Y Y Y 05 23 2001
Amount of Each Receipt this Period: 62.50
Payroll Deduction bi-weekly $31.25
Transaction ID: SA11A1.2675

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **187.50**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 29 / 43

[X] 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): Mr. David Parker
Mailing Address: 1945 Beverly Road
City: Columbus State: OH Zip Code: 43221
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 406.25
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 62.50
Payroll Deduction bi-weekly $31.25
Transaction ID: SA11A1.2676

**B.**
Full Name (Last, First, Middle Initial): Ms. Sandra Prunty
Mailing Address: 856 County Road I
City: Oshkosh State: WI Zip Code: 54902
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Manager Clinical Services
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 269.22
Date of Receipt: 03 28 2001
Amount of Each Receipt this Period: 76.92
Payroll Deduction bi-weekly $38.46
Transaction ID: SA11A1.2677

**C.**
Full Name (Last, First, Middle Initial): Ms. Sandra Prunty
Mailing Address: 856 County Road I
City: Oshkosh State: WI Zip Code: 54902
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Manager Clinical Services
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 346.14
Date of Receipt: 04 25 2001
Amount of Each Receipt this Period: 76.92
Payroll Deduction bi-weekly $38.46
Transaction ID: SA11A1.2678

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **216.34**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 30 / 43

[X] 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)
Ms. Sandra Prunty
Mailing Address
856 County Road I
City: Oshkosh State: WI Zip Code: 54902
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Manager Clinical Services
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 423.06
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 76.92
Payroll Deduction bi-weekly $38.46
Transaction ID: SA11A1.2879

**B.**
Full Name (Last, First, Middle Initial)
Ms. Sandra Prunty
Mailing Address
856 County Road I
City: Oshkosh State: WI Zip Code: 54902
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Manager Clinical Services
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 499.98
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 76.92
Payroll Deduction bi-weekly $38.46
Transaction ID: SA11A1.2880

**C.**
Full Name (Last, First, Middle Initial)
Mrs. Ann Say
Mailing Address
22708 West 49th Street
City: Shawnee State: KS Zip Code: 66226
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 18 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.6236

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **403.84**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 31 / 43

[X] 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): Mr. F. Joseph Schmitt
Mailing Address: 3B Asbury Park Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 238.48
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 40.00
Payroll Deduction bi-weekly $20
Transaction ID: SA11A1.2712

**B.**
Full Name (Last, First, Middle Initial): Mr. F. Joseph Schmitt
Mailing Address: 3B Asbury Park Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 278.48
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 40.00
Payroll Deduction bi-weekly $20
Transaction ID: SA11A1.2713

**C.**
Full Name (Last, First, Middle Initial): Ms Joyce Smith
Mailing Address: 8332 Southampton Drive
City: Holland | State: OH | Zip Code: 43526
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Director Clinical Serv
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 28 2001
Amount of Each Receipt this Period: 100.00
Payroll Deduction bi-weekly $50
Transaction ID: SA11A1.1975

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **180.00**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 32 / 43

[X] 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): Ms Joyce Smith
Mailing Address: 8332 Southampton Drive
City: Holland State: OH Zip Code: 43526
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Director Clinical Serv
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 03 28 2001
Amount of Each Receipt this Period: 100.00
Payroll Deduction bi-weekly $50
Transaction ID: SA11A1.2727

**B.**
Full Name (Last, First, Middle Initial): Ms Joyce Smith
Mailing Address: 8332 Southampton Drive
City: Holland State: OH Zip Code: 43526
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Director Clinical Serv
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt: 04 25 2001
Amount of Each Receipt this Period: 100.00
Payroll Deduction bi-weekly $50
Transaction ID: SA11A1.2728

**C.**
Full Name (Last, First, Middle Initial): Ms Joyce Smith
Mailing Address: 8332 Southampton Drive
City: Holland State: OH Zip Code: 43526
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Director Clinical Serv
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 100.00
Payroll Deduction bi-weekly $50
Transaction ID: SA11A1.2729

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 33 / 43

[X] 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): Ms Joyce Smith
Mailing Address: 8332 Southampton Drive
City: Holland State: OH Zip Code: 43526
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Director Clinical Serv
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 100.00
Payroll Deduction bi-weekly $50
Transaction ID: SA11A1.2730

**B.**
Full Name (Last, First, Middle Initial): Ms LaRelle A. Szumski
Mailing Address: 8404 Ridgebrook Circle
City: Odessa State: FL Zip Code: 33556
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 40.00
Payroll Deduction bi-weekly $20
Transaction ID: SA11A1.2737

**C.**
Full Name (Last, First, Middle Initial): Mr. Ron Traupane
Mailing Address: 3614 Broadleaf Court
City: Glenwood State: MD Zip Code: 21738
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare
Occupation: Vice President, Design & Architecture
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 03 28 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.6184

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **640.00**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 34 / 43

[X] 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): Dr. M. Keith Weikel
Mailing Address: 3 River Hills Lane
City: Toledo State: OH Zip Code: 43623
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Chief Operating Officer
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 231.00
Date of Receipt: 03 28 2001
Amount of Each Receipt this Period: 66.00
Payroll Deduction bi-weekly $33
Transaction ID: SA11A1.2756

**B.**
Full Name (Last, First, Middle Initial): Dr. M. Keith Weikel
Mailing Address: 3 River Hills Lane
City: Toledo State: OH Zip Code: 43623
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Chief Operating Officer
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 297.00
Date of Receipt: 04 25 2001
Amount of Each Receipt this Period: 66.00
Payroll Deduction bi-weekly $33
Transaction ID: SA11A1.2757

**C.**
Full Name (Last, First, Middle Initial): Dr. M. Keith Weikel
Mailing Address: 3 River Hills Lane
City: Toledo State: OH Zip Code: 43623
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Chief Operating Officer
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 363.00
Date of Receipt: 05 23 2001
Amount of Each Receipt this Period: 66.00
Payroll Deduction bi-weekly $33
Transaction ID: SA11A1.2758

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **198.00**

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

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

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

FOR LINE NUMBER: (check only one)



[X] 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): Dr. M. Keith Weikel
Mailing Address: 3 River Hills Lane
City: Toledo State: OH Zip Code: 43623
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Chief Operating Officer
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 429.00
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 86.00
Payroll Deduction bi-weekly $33
Transaction ID: SA11A1.2759

**B.**
Full Name (Last, First, Middle Initial): Ms Sherrann Wood
Mailing Address: 1052 Woods View Court
City: Miamisburg State: OH Zip Code: 45342
FEC ID number of contributing federal political committee.
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt: 06 20 2001
Amount of Each Receipt this Period: 30.00
Payroll Deduction bi-weekly $15
Transaction ID: SA11A1.2771

**C.**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **96.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **8659.32**

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



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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)
Friends of Jennifer B Dunn

Mailing Address
PO Box 40110

City: Bellevue | State: WA | Zip Code: 98004

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: WA District: 06

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 16 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.6193

**B.** Full Name (Last, First, Middle Initial)
FRIENDS OF ROY BLUNT

Mailing Address
PO BOX 278

City: STRAFFORD | State: MO | Zip Code: 65757

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MO District: 07

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 05 / 10 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.6213

**C.** Full Name (Last, First, Middle Initial)
Hastert for Congress Committee

Mailing Address
PO Box 625

City: Batavia | State: IL | Zip Code: 60510

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: IL District: 14

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 05 / 30 / 2001

Amount of Each Disbursement this Period: 2500.00

Transaction ID: SB23.6215

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



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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

**A.**
Full Name (Last, First, Middle Initial)
Keep Our Majority Political Action Committee (KOMPAC)

Mailing Address
P O Box 864
City: Washington
State: DC
Zip Code: 20044

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 08 / 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.6127

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

Mailing Address
CLAUSSEN ROAD PO BOX 489
City: AUGUSTA
State: GA
Zip Code: 30907

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: GA District: 10

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 06 / 19 / 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.6218

**C.**
Full Name (Last, First, Middle Initial)
Ryan, Paul D.

Mailing Address
PO Box 1919
City: Janesville
State: WI
Zip Code: 53547

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: WI District: 01

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 01 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.6120

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **6500.00**

**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)

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



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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
VOINOVICH FOR SENATE COMMITTEE

Mailing Address
865 MACON ALLEY

City: COLUMBUS
State: OH
Zip Code: 43206

Purpose of Disbursement

Candidate Name
VOINOVICH FOR SENATE COMMITTEE

Category/Type

Office Sought: House / X Senate / President
State: OH District: 00

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement
04 06 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.8211

B.

C.

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) ..... ▶ | **1000.00** |
| **TOTAL** This Period (last page this line number only) ..... ▶ | **12000.00** |

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



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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

**A.**
Full Name (Last, First, Middle Initial): Citizens for Ryan
Mailing Address: 499 S. Capitol St., Suite 600
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 06 27 2001
Amount of Each Disbursement this Period: 500.00
Transaction ID: SB29.6219

**B.**
Full Name (Last, First, Middle Initial): Doug White for Good Government
Mailing Address: 18352 State Route 136
City: Whinchester State: OH Zip Code: 45697
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: OH District: 14
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 05 07 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: SB29.6212

**C.**
Full Name (Last, First, Middle Initial): Friends of Donna Stone
Mailing Address: c/o Stephen S. Sliver 3 Mill Road, Suite 200
City: Wilimington State: DE Zip Code: 19808
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 01 16 2001
Amount of Each Disbursement this Period: 600.00
Transaction ID: SB29.1896

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **2100.00**

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



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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)
Friends of Greg Jolivette

Mailing Address
520 Oakwood
City: Hamilton State: OH Zip Code: 45013

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 06 15 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB29.6216

**B.** Full Name (Last, First, Middle Initial)
Internal Revenue Service

Mailing Address
Mail Station
City: Ogden State: UT Zip Code: 84201-0002

Purpose of Disbursement
Federal Taxes for 2000

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 01 23 2001

Amount of Each Disbursement this Period: 90.00

Transaction ID: SB29.6119

**C.** Full Name (Last, First, Middle Initial)
Republican Senate Campaign Committee

Mailing Address
211 South 5th Street
City: Columbus State: OH Zip Code: 43215

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 06 29 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB29.6217

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **2090.00**

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



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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

**A.**
Full Name (Last, First, Middle Initial)
Taft/O'Connor

Mailing Address
211 South Fifth Street
City: Columbus State: OH Zip Code: 43215

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 05 / 30 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB29.8214

**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

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 01 / 15 / 2001

Amount of Each Disbursement this Period: 12.00

Transaction ID: SB29.1960

**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

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 02 / 15 / 2001

Amount of Each Disbursement this Period: 12.00

Transaction ID: SB29.2036

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **1024.00**

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



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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

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 03 15 2001

Amount of Each Disbursement this Period: 12.00

Transaction ID: SB29.6197

**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

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 04 16 2001

Amount of Each Disbursement this Period: 12.40

Transaction ID: SB29.6198

**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

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 05 15 2001

Amount of Each Disbursement this Period: 12.00

Transaction ID: SB29.6199

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **36.40**

**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)

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



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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

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
06 15 2001

Amount of Each Disbursement this Period
12.00

Transaction ID: SB29.8200

B.

C.

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) ..... ▶ | **12.00** |
| **TOTAL** This Period (last page this line number only) ..... ▶ | **5262.40** |