



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
HCR Manor Care PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		122561.74
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	37167.94									
(c) Total Receipts (from Line 19) .....	13028.16	159113.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	50196.10	281675.16								
7. Total Disbursements (from Line 31) .....	1817.41	233296.47								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48378.69	48378.69								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	11025.28	87545.62
(i) Itemized (use Schedule A) .....	1972.52	65868.25
(ii) Unitemized .....	12997.80	153413.87
(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) .....	12997.80	153413.87
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	30.36	699.55
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)) .....	13028.16	159113.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13028.16	159113.42

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	10553.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	10553.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	154575.00
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.....	817.41	68167.90
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))..	1817.41	233296.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1817.41	233296.47

**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) .....	12997.80	153413.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12997.80	153413.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	10553.57
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	10553.57

**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 / 49
	<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)  
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 ▼ 249.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26654

Amount of Each Receipt this Period  
57.69

Biweekly payroll deduction - \$19.23

**B.** Full Name (Last, First, Middle Initial)  
Martin D 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 ManorCare Inc. Occupation AVP / Dir Internal Aud & Risk

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26655

Amount of Each Receipt this Period  
150.00

Biweekly payroll deduction - \$50

**C.** Full Name (Last, First, Middle Initial)  
Michael Armstrong

Mailing Address 115 N. Remington Rd.

City Bexley State OH Zip Code 43209

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 207.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26658

Amount of Each Receipt this Period  
34.62

Biweekly payroll deduction - \$11.54

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>242.31</b>
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Lisa Arnold</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 36832 Meadow Creek Ct		Transaction ID: SA11A1.26660
City Magnolia State TX Zip Code 77355	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>	Biweekly payroll deduction - \$20	
Name of Employer HCR ManorCare Inc. Occupation Sr Administrator	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Sally Banulis</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 31 Avondale Avenue		Transaction ID: SA11A1.26665
City Haddonfield State NJ Zip Code 08033	Amount of Each Receipt this Period 69.24	
FEC ID number of contributing federal political committee. <b>C</b>	Biweekly payroll deduction - \$23.08	
Name of Employer HCR ManorCare, Inc. Occupation Director Market Development	Aggregate Year-to-Date 300.04	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 300.04	

Full Name (Last, First, Middle Initial) <b>C. Jocelyn Barnes</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 428 169th Court NE		Transaction ID: SA11A1.26667
City Bradenton State FL Zip Code 34212	Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. <b>C</b>	Biweekly payroll deduction - \$45	
Name of Employer HCR ManorCare Inc. Occupation Regional Director of Operation	Aggregate Year-to-Date 1008.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 1008.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	224.24
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Charles Batcher</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 910 Orchard Drive		Transaction ID: SA11A1.26670
City State Zip Code Rossford OH 43460	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$40	
Name of Employer HCR Manor Care, Inc.	Occupation Director - Dementia Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

Full Name (Last, First, Middle Initial) <b>B. Lynne M Bauerschmidt</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 7060 Middlebury		Transaction ID: SA11A1.26671
City State Zip Code Lambertville MI 48144	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$15	
Name of Employer HCR ManorCare Inc.	Occupation Internal Training Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Julie A Beckert</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 3911 Buell Ave		Transaction ID: SA11A1.26673
City State Zip Code Toledo OH 43613	Amount of Each Receipt this Period 34.62	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$11.54	
Name of Employer HCR ManorCare Inc.	Occupation Dir. Marketing/Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	119.62
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Karen F Bell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 1220 North St.		Transaction ID: SA11A1.26674	
City State Zip Code Bowling Green OH 43402	Amount of Each Receipt this Period 57.69		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$19.23		
Name of Employer HCR ManorCare Inc.	Occupation AVP^ Dir Clinical Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 515.99		

Full Name (Last, First, Middle Initial) <b>B.</b> Clara A Berry		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 1245 Bernath Pkwy		Transaction ID: SA11A1.26676	
City State Zip Code Toledo OH 43615	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$10		
Name of Employer HCR ManorCare Inc.	Occupation Dir^ Clinical Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.46		

Full Name (Last, First, Middle Initial) <b>C.</b> Lori Bott		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 558 Grass Lake Road		Transaction ID: SA11A1.26699	
City State Zip Code Coldwater MI 49036	Amount of Each Receipt this Period 34.62		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$11.54		
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 ▼ 267.26		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	122.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Pamella S Britt</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 27135 State Rt 49		Transaction ID: SA11A1.26704	
City State Zip Code Potomac IL 61865	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$50		
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 ▼ 1130.00		

Full Name (Last, First, Middle Initial) <b>B. Timothy N Burchill</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 1121 6th Street SW		Transaction ID: SA11A1.26706	
City State Zip Code Minot ND 58701	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$20		
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Kim Elaine Byk</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 2202 Liberty St. South		Transaction ID: SA11A1.26710	
City State Zip Code Canton MI 48188	Amount of Each Receipt this Period 105.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$35		
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 ▼ 665.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	315.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 11 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Shirley D Cabildo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 38 Bentley Court		<b>Transaction ID:</b> SA11A1.26711
City State Zip Code Bedminster NJ 07921	Amount of Each Receipt this Period 34.62	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$11.54	
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 ▼ 300.04	

Full Name (Last, First, Middle Initial) <b>B.</b> Carole J Campbell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 131 Chevy Chase Street		<b>Transaction ID:</b> SA11A1.26713
City State Zip Code Gaithersburg MD 20878	Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$19.23	
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 ▼ 292.30	

Full Name (Last, First, Middle Initial) <b>C.</b> Nancy L Caras		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 1260 Thornapple Dr		<b>Transaction ID:</b> SA11A1.26714
City State Zip Code Osprey FL 34229	Amount of Each Receipt this Period 34.62	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$11.54	
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 ▼ 220.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	126.93
<b>TOTAL</b> 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 / 49
	<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)  
Toya M Casper

Mailing Address 1806 Greenwood Drive

City Lindenwold State NJ Zip Code 08021

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 284.30

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26717

Amount of Each Receipt this Period  
 60.00

Biweekly payroll deduction - \$20

**B.** Full Name (Last, First, Middle Initial)  
Steven M Cavanaugh

Mailing Address 9036 Sand Ridge Drive

City Holland State OH Zip Code 43528

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

Name of Employer HCR ManorCare Inc. Occupation VP Corporate Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 557.73

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26718

Amount of Each Receipt this Period  
 96.15

Biweekly payroll deduction - \$96.15

**C.** Full Name (Last, First, Middle Initial)  
Javier Cavero

Mailing Address 3077 N. Oakland Forest Dr. #202

City Oakland Park State FL Zip Code 33309

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 590.07

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26719

Amount of Each Receipt this Period  
 90.00

Biweekly payroll deduction - \$30

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	246.15
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Mr. William Chenevert</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 620 Ashbury Drive		Transaction ID: SA11A1.26720	
City State Zip Code Perrysburg OH 43551		Amount of Each Receipt this Period 230.79	
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$76.93	
Name of Employer Occupation HCR.ManorCare, Inc. Vice President, Operations Support			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1470.09	

Full Name (Last, First, Middle Initial) <b>B. Ms Lisa Cherry</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 1971 A Allwood Drive		Transaction ID: SA11A1.26721	
City State Zip Code Bethlehem PA 18018		Amount of Each Receipt this Period 51.93	
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$17.31	
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 ▼ 415.38	

Full Name (Last, First, Middle Initial) <b>C. Stephen Coetzee</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address PO Box 85		Transaction ID: SA11A1.26722	
City State Zip Code Neport PA 17074		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$20	
Name of Employer Occupation HCR. Manor Care Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 471.55	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	342.72
<b>TOTAL</b> 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 / 49
	<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)  
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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26723

Amount of Each Receipt this Period  
120.00

Biweekly payroll deduction - \$40

**B.** 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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26725

Amount of Each Receipt this Period  
75.00

Biweekly payroll deduction - \$25

**C.** Full Name (Last, First, Middle Initial)  
Douglas S Crail

Mailing Address 5704 Ashbrook Drive

City State Zip Code  
Toledo OH 43614

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

Name of Employer Occupation  
HCR ManorCare Inc. Dir. Quality Mgmt

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26726

Amount of Each Receipt this Period  
75.00

Biweekly payroll deduction - \$25

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	270.00
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Victoria A Crenshaw</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 736 Virginia Dare Dr		<b>Transaction ID: SA11A1.26727</b>	
City State Zip Code Virginia Beach VA 23451	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$50		
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 ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. Jamie S D'Angelo</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 26 Oakland Ave		<b>Transaction ID: SA11A1.26730</b>	
City State Zip Code Wheeling WV 26003	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$20		
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 ▼ 320.00		

Full Name (Last, First, Middle Initial) <b>C. Karen L Davidson</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 612 W. Magnolia		<b>Transaction ID: SA11A1.26732</b>	
City State Zip Code Pana IL 62557	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$25		
Name of Employer HCR ManorCare Inc.	Occupation Dir^ Clinical Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.32		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Daniel W Deitzel III</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 541 S 61st Street		Transaction ID: SA11A1.26734	
City State Zip Code Harrisburg PA 17111	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$25		
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date ▼ 510.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Janet E Diehl</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 3903 BARBARA ANN DRIVE		Transaction ID: SA11A1.26738	
City State Zip Code MONROEVILLE PA 15146	Amount of Each Receipt this Period 57.72		
FEC ID number of contributing federal political committee. C	Weekly payroll deduction - \$9.62		
Name of Employer Occupation HCR ManorCare Inc. Regional Dir of Ops	Aggregate Year-to-Date ▼ 490.88		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Timothy C Dietzen</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 3615 Sunnyview Rd		Transaction ID: SA11A1.26739	
City State Zip Code Appleton WI 54914	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$25		
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date ▼ 565.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	207.72
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Lisa A Dimitrie		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 30190 Avondale		<b>Transaction ID:</b> SA11A1.26740
City State Zip Code Madison Heights MI 48071	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$10	
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Denise L Downey McCleary		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address PO Box 135		<b>Transaction ID:</b> SA11A1.26743
City State Zip Code Atalissa IA 52720	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$10	
Name of Employer Occupation HCR ManorCare Inc. Quality & Regulatory Consultan	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms Nancy Edwards		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 5726 Rolbesay Drive		<b>Transaction ID:</b> SA11A1.26746
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 346.14	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$115.38	
Name of Employer Occupation HCR.ManorCare, Inc. General Manager, Central Division	Aggregate Year-to-Date ▼ 1499.94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	406.14
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Shelley Ewen</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 943 Woodville Ave		Transaction ID: SA11A1.26750	
City State Zip Code Monroe MI 48161	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$10		
Name of Employer HCR Manor Care, Inc.	Occupation AR Director - 4H		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>B. R Michael Ferguson</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 2450 Underhill Rd		Transaction ID: SA11A1.26752	
City State Zip Code Toledo OH 43615	Amount of Each Receipt this Period 115.38		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$38.46		
Name of Employer HCR ManorCare Inc.	Occupation VP & Dir of Purchasing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 903.81		

Full Name (Last, First, Middle Initial) <b>C. Annette L Foght</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 510 Arrowhead Drive		Transaction ID: SA11A1.26755	
City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$30		
Name of Employer HCR ManorCare Inc.	Occupation Manager National Recruiting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 / 49
	<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 Fox

Mailing Address 705A Allentown Rd

City State Zip Code  
Sellersville PA 18960

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 ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26757

Amount of Each Receipt this Period  
60.00

Biweekly payroll deduction - \$20

**B.** Full Name (Last, First, Middle Initial)  
Pamela L Fuess

Mailing Address 6590 Spring Meadows Dr.

City State Zip Code  
Greenacres FL 33413

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26760

Amount of Each Receipt this Period  
30.00

Biweekly payroll deduction - \$10

**C.** Full Name (Last, First, Middle Initial)  
Sally A Gates

Mailing Address 2011 20Th Ln

City State Zip Code  
Palm Beach Gardens FL 33418

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 ▼ 835.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26762

Amount of Each Receipt this Period  
120.00

Biweekly payroll deduction - \$40

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	210.00
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Michael D Gore</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address PO Box 1226		<b>Transaction ID: SA11A1.26765</b>	
City <b>Rupert</b>	State <b>WV</b>	Zip Code <b>25984</b>	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>		Biweekly payroll deduction - \$10	
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		

Full Name (Last, First, Middle Initial) <b>B. Jessica C Grant</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 867 Ardmore SE		<b>Transaction ID: SA11A1.26767</b>	
City <b>Grand Rapids</b>	State <b>MI</b>	Zip Code <b>49507</b>	Amount of Each Receipt this Period 39.00
FEC ID number of contributing federal political committee. <b>C</b>		Biweekly payroll deduction - \$13	
Name of Employer HCR ManorCare Inc.	Occupation Regional Marketing Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.00		

Full Name (Last, First, Middle Initial) <b>C. Pamela Grant</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 403 Hartless Rd		<b>Transaction ID: SA11A1.26768</b>	
City <b>Amherst</b>	State <b>VA</b>	Zip Code <b>24521</b>	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>		Biweekly payroll deduction - \$10	
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 ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	69.00
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Ruth G Graziano		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 503 Elk Mills Road		<b>Transaction ID:</b> SA11A1.26769	
City State Zip Code Oxford PA 19363	Amount of Each Receipt this Period 161.55		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$53.85		
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 ▼ 1050.05		

Full Name (Last, First, Middle Initial) <b>B.</b> Jeffrey Grillo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 20566 Courier Ridge Place		<b>Transaction ID:</b> SA11A1.26770	
City State Zip Code Ashburn VA 20147	Amount of Each Receipt this Period 240.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$80		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1732.36		

Full Name (Last, First, Middle Initial) <b>C.</b> Deborah L Gross		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 687 Westview NW		<b>Transaction ID:</b> SA11A1.26772	
City State Zip Code Grand Rapids MI 49504	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$20		
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Crestview		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	461.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 49
	<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. 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 ▼ 529.26

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26776

Amount of Each Receipt this Period  
60.00

Biweekly payroll deduction - \$20

**B.** Full Name (Last, First, Middle Initial)  
Sandra K Hayes

Mailing Address 15719 N. Chronicle Lane

City State Zip Code  
Mead WA 99021

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 ▼ 273.18

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26777

Amount of Each Receipt this Period  
34.62

Biweekly payroll deduction - \$11.54

**C.** Full Name (Last, First, Middle Initial)  
Kevin C Henricks

Mailing Address 23 Chicago St. Apt.G

City State Zip Code  
Plainfield IL 60544

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 ▼ 787.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26778

Amount of Each Receipt this Period  
117.00

Biweekly payroll deduction - \$39

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>211.62</b>
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Deborah Cox Hilgenberg</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 2719 Woodland Hills Ct		<b>Transaction ID: SA11A1.26780</b>	
City State Zip Code Green Bay WI 54311	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$10		
Name of Employer HCR ManorCare Inc.	Occupation Administrator	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Maureen Hines</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 640 Weatherstone Rd		<b>Transaction ID: SA11A1.26782</b>	
City State Zip Code Holland OH 43528	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$20		
Name of Employer HCR ManorCare Inc.	Occupation Dir Nursing Leadership Develop	Aggregate Year-to-Date ▼ 320.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Timothy M Hock</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 8054 Tillicum Grove North		<b>Transaction ID: SA11A1.26783</b>	
City State Zip Code Rockford MI 49341	Amount of Each Receipt this Period 57.69		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$19.23		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Ops	Aggregate Year-to-Date ▼ 389.99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	107.69
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Paul E. Hoffman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 4829 Rhone Drive		Transaction ID: SA11A1.26784
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$20	
Name of Employer HCR Manor Care, Inc.	Occupation Director of Ops Support - Midstates	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Lynn M Hood		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 15415 Meadow Wood Dr		Transaction ID: SA11A1.26786
City State Zip Code Wellington FL 33414	Amount of Each Receipt this Period 180.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$60	
Name of Employer HCR ManorCare Inc.	Occupation Asst General Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.26	

Full Name (Last, First, Middle Initial) <b>C.</b> Kathryn Hoops		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 24708 McCutchenville Road		Transaction ID: SA11A1.26787
City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$40	
Name of Employer HCR.ManorCare, Inc.	Occupation VP of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 611.18	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	280.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey R House</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 11699 Bennington Rd		Transaction ID: SA11A1.26788	
City State Zip Code Durand MI 48429		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		Weekly payroll deduction - \$20	
Name of Employer Occupation HCR ManorCare Inc. General Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. John Huber</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 26448 Carronade Drive		Transaction ID: SA11A1.26790	
City State Zip Code Perrysburg OH 43551		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$30	
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 ▼ 570.00	

Full Name (Last, First, Middle Initial) <b>C. Rebecca J Hullinger</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 1250 Horseshoe Cir #105		Transaction ID: SA11A1.26792	
City State Zip Code Ann Arbor MI 48108		Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$40	
Name of Employer Occupation HCR ManorCare Inc. Clinical Prog Implem Consult			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Frank A Jannazo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 3466 Country Farms Road		<b>Transaction ID:</b> SA11A1.26793	
City State Zip Code Oregon OH 43616		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$30	
Name of Employer Occupation HCR ManorCare Inc. Dir^ Accounts Receivable			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms Diane Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 206 Ruth Road		<b>Transaction ID:</b> SA11A1.26796	
City State Zip Code Fleetwood PA 19522		Amount of Each Receipt this Period 173.07	
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$57.69	
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 ▼ 1153.86	

Full Name (Last, First, Middle Initial) <b>C.</b> Ginnette K Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 441 Franklin Street		<b>Transaction ID:</b> SA11A1.26797	
City State Zip Code West Reading PA 19611		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$20	
Name of Employer Occupation HCR Manor Care, Inc. Regional Director of Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	323.07
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Anthony J Keelin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 2208 26th Avenue^ South		Transaction ID: SA11A1.26800	
City State Zip Code Fargo ND 58103	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$10		
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 ▼ 235.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Vivian Kiraly		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 103 Kama Lane		Transaction ID: SA11A1.26803	
City State Zip Code Cross Lanes WV 25313	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$15		
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 ▼ 245.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Linda Hu Kishtok		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 109 Crystal Drive		Transaction ID: SA11A1.26805	
City State Zip Code Schwenksville PA 19473	Amount of Each Receipt this Period 57.69		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$19.23		
Name of Employer HCR Manor Care, Inc.	Occupation Division Rehab Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	112.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Mr. David Lanning</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 806 Copley Lane		Transaction ID: SA11A1.26809	
City State Zip Code Silver Spring MD 20904	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$50		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B. Barry A Lazarus</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 2629 Liverpool Ct		Transaction ID: SA11A1.26810	
City State Zip Code Toledo OH 43617	Amount of Each Receipt this Period 225.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$75		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Reimbursement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1325.00		

Full Name (Last, First, Middle Initial) <b>C. Larry C Lester</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 13507 Westbrook		Transaction ID: SA11A1.26812	
City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 230.76		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$76.92		
Name of Employer HCR ManorCare Inc.	Occupation General Mgr^ VP Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1846.96		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	505.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms Elizabeth Loyet		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 20115 183rd Place Northeast		Transaction ID: SA11A1.26814	
City State Zip Code Woodinville WA 98072	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$10		
Name of Employer Occupation HCR Manor Care Inc. Administrator	Aggregate Year-to-Date ▼ 440.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Diane Lube		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 1040 Pinewood Drive		Transaction ID: SA11A1.26815	
City State Zip Code Downers Grove IL 60516	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$10		
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date ▼ 411.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Susan A Lucas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 22 Jan Avenue		Transaction ID: SA11A1.26816	
City State Zip Code Kankakee IL 60901	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$10		
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date ▼ 460.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> 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 / 49
	<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)  
Carrie Lund

Mailing Address 14802 Dunston Place

City Tampa State FL Zip Code 33618

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

Name of Employer HCR Manor Care, Inc. Occupation Sr. Administrator - Palm Harbor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 761.09

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26817

Amount of Each Receipt this Period  
115.38

Biweekly payroll deduction - \$38.46

**B.** Full Name (Last, First, Middle Initial)  
Nancy F Mason

Mailing Address 56 Holden Dr

City Martinsburg State WV Zip Code 25401

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26821

Amount of Each Receipt this Period  
45.00

Biweekly payroll deduction - \$15

**C.** 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 ▼ 610.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26823

Amount of Each Receipt this Period  
90.00

Biweekly payroll deduction - \$30

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.38</b>
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Deborah A McMonagle</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 1632 Patricia Ave		Transaction ID: SA11A1.26826
City Willow Grove	State PA	Zip Code 19090
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer HCR ManorCare Inc.	Occupation General Manager	Weekly payroll deduction - \$20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) <b>B. Murry J Mercier</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 7110 Oak Bluff Lane		Transaction ID: SA11A1.26828
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer HCR ManorCare Inc.	Occupation VP Dir of Information Serv	Biweekly payroll deduction - \$100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) <b>C. Michelle M Meyer</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 28 W. Linwood Rd.		Transaction ID: SA11A1.26829
City Linwood	State MI	Zip Code 48634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 48.00
Name of Employer HCR ManorCare Inc.	Occupation Administrator	Biweekly payroll deduction - \$16
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 356.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	468.00
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Debra I Miles</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 17738 W. River Rd.		Transaction ID: SA11A1.26831	
City State Zip Code Bowling Green OH 43402		Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$19.23	
Name of Employer Occupation HCR ManorCare Inc. Director^ Accounting			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 354.99	

Full Name (Last, First, Middle Initial) <b>B. Scott Miller</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 198 Old Mill Drive		Transaction ID: SA11A1.26832	
City State Zip Code Langhorne PA 19047		Amount of Each Receipt this Period 115.38	
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$38.46	
Name of Employer Occupation HCR ManorCare Inc. Sr Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 553.87	

Full Name (Last, First, Middle Initial) <b>C. Ms Susan Morey</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 700 Hunters Road		Transaction ID: SA11A1.26833	
City State Zip Code Mohnton PA 19540		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		Biweekly payroll deduction - \$50	
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 ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	323.07
<b>TOTAL</b> 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 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Ms Joylin Nation</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 15985 Voyageurs Place		Transaction ID: SA11A1.26838	
City State Zip Code West Palm Beach FL 33414	Amount of Each Receipt this Period 86.55		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$28.85		
Name of Employer Occupation HCR Manor Care, Inc. Senior Administrator	Aggregate Year-to-Date ▼ 576.90		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. David K Nees</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 5315 Rymoor Drive		Transaction ID: SA11A1.26839	
City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 63.45		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$21.15		
Name of Employer Occupation HCR. Manor Care, Inc. Associate General Counsel	Aggregate Year-to-Date ▼ 423.10		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Linda Neumann</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 28 Roslyn Road		Transaction ID: SA11A1.26844	
City State Zip Code Grosse Pointe Shor MI 48236	Amount of Each Receipt this Period 115.38		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$38.46		
Name of Employer Occupation HCR ManorCare Inc. Regional Director of Operation	Aggregate Year-to-Date ▼ 846.16		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	265.38
<b>TOTAL</b> 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 / 49
	<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)  
Stacy Nies

Mailing Address 178 Pheasant Drive

City State Zip Code  
Fond du Lac WI 54935

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 ▼ 204.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

**Transaction ID:** SA11A1.26847

Amount of Each Receipt this Period  
30.00

Biweekly payroll deduction - \$10

**B.** 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 ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.26850

Amount of Each Receipt this Period  
150.00

Biweekly payroll deduction - \$50

**C.** Full Name (Last, First, Middle Initial)  
Harold A Oetman

Mailing Address 736 Beechcreek Drive

City State Zip Code  
Holland MI 49423

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 ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.26851

Amount of Each Receipt this Period  
30.00

Biweekly payroll deduction - \$10

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> 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 35 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms Leslie Ohm		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 12331 South 71st Avenue		Transaction ID: SA11A1.26852
City State Zip Code Palos Heights IL 60463	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$50	
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 ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Annette Orlowski		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 669 Highway 60		Transaction ID: SA11A1.26853
City State Zip Code Cedarburg WI 53012	Amount of Each Receipt this Period 173.07	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$57.69	
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 ▼ 1073.12	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. James Pagoaga		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 13129 Fox Path Lane		Transaction ID: SA11A1.26855
City State Zip Code West Friendship MD 21794	Amount of Each Receipt this Period 115.38	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$38.46	
Name of Employer Occupation HCR.ManorCare, Inc. Vice President, Rehabilitation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.10	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	438.45
<b>TOTAL</b> 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 36 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Mr. David Parker</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 2154 Tremont Road		Transaction ID: SA11A1.26857
City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 174.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$58	
Name of Employer Occupation HCR.ManorCare, Inc. VP Assistant General Manager	Aggregate Year-to-Date 1144.25	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Douglas M Parson</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 812 County Club Drive		Transaction ID: SA11A1.26858
City State Zip Code Butler MO 64730	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$20	
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Karen K Phelps</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address Rt. 4^ Box 87p		Transaction ID: SA11A1.26862
City State Zip Code Tecumseh OK 74873	Amount of Each Receipt this Period 81.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$27	
Name of Employer Occupation HCR ManorCare Inc. Admin Dir Of Nursing Serv	Aggregate Year-to-Date 702.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	315.00
<b>TOTAL</b> 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 37 / 49
<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

Full Name (Last, First, Middle Initial) <b>A. David III Pipkin</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 9211 Marydell Rd		<b>Transaction ID: SA11A1.26864</b>	
City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$30		
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 ▼ 740.11		

Full Name (Last, First, Middle Initial) <b>B. Clifton J Porter II</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 3929 Azalea Circle		<b>Transaction ID: SA11A1.26865</b>	
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 174.81		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$58.27		
Name of Employer HCR ManorCare Inc.	Occupation AVP^ Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1380.98		

Full Name (Last, First, Middle Initial) <b>C. Sandra Prunty</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 856 County Road I		<b>Transaction ID: SA11A1.26866</b>	
City State Zip Code Oshkosh WI 54902	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$15		
Name of Employer HCR ManorCare Inc.	Occupation Quality & Regulatory Consultan		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	309.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 38 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Michael J Reed</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 3899 Midshore Drive		<b>Transaction ID: SA11A1.26868</b>	
City State Zip Code Naples FL 34109	Amount of Each Receipt this Period 245.76		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$81.92		
Name of Employer HCR Manor Care, Inc.	Occupation VP Assisted Living Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1064.96		

Full Name (Last, First, Middle Initial) <b>B. John I Remenar</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 2723 Rexton Ridge Rd		<b>Transaction ID: SA11A1.26870</b>	
City State Zip Code Toledo OH 43617	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$50		
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 ▼ 923.00		

Full Name (Last, First, Middle Initial) <b>C. Deborah G Rhude</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 6522 Lilly Road		<b>Transaction ID: SA11A1.26873</b>	
City State Zip Code Hillsboro OH 45133	Amount of Each Receipt this Period 28.86		
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$9.62		
Name of Employer HCR ManorCare Inc.	Occupation Admissions Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.06		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	424.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 39 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A. Glen Roebuck</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 314 Forest Road		Transaction ID: SA11A1.26876
City State Zip Code Davenport IA 52803	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$20	
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 ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>B. David R Roth</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 5257 Bentwood Drive		Transaction ID: SA11A1.26877
City State Zip Code Mason OH 45040	Amount of Each Receipt this Period 64.29	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$21.43	
Name of Employer HCR ManorCare Inc.	Occupation Director Of Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 424.19	

Full Name (Last, First, Middle Initial) <b>C. Lynette M Rugg</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 1348 Oakland Circle		Transaction ID: SA11A1.26879
City State Zip Code N. Aurora IL 60542	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$15	
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 ▼ 622.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	169.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 40 / 49
	<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)  
Judith A Sager

Mailing Address 68 Meadow Court

City State Zip Code  
Sinking Spring PA 19608

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

Name of Employer Occupation  
HCR ManorCare Inc. Manager Market Development

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 8 / 2 0 0 6

**Transaction ID:** SA11A1.26881

Amount of Each Receipt this Period  
30.00

Weekly payroll deduction - \$5

**B.** Full Name (Last, First, Middle Initial)  
Beverly Santuomo

Mailing Address P.O. Box 118

City State Zip Code  
Howard OH 43028

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 Y  
1 2 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.26883

Amount of Each Receipt this Period  
30.00

Biweekly payroll deduction - \$10

**C.** Full Name (Last, First, Middle Initial)  
Francis J Schmitt

Mailing Address 4007 Thistle Hill Court

City State Zip Code  
Sugar Land TX 77479

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

Name of Employer Occupation  
HCR ManorCare Inc. VP^ Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.26884

Amount of Each Receipt this Period  
240.00

Biweekly payroll deduction - \$80

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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 41 / 49
	<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)  
Bruce G Schroeder

Mailing Address 10945 Lakeview Dr

City State Zip Code  
Whitehouse OH 43571

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

Name of Employer Occupation  
HCR ManorCare Inc. AVP Home Health

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 610.09

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26885

Amount of Each Receipt this Period  
60.00

Biweekly payroll deduction - \$20

**B.** 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 ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26886

Amount of Each Receipt this Period  
45.00

Biweekly payroll deduction - \$15

**C.** 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 ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26887

Amount of Each Receipt this Period  
60.00

Biweekly payroll deduction - \$20

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	165.00
<b>TOTAL</b> 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 42 / 49
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Theresa J Smelser</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 202 N. Elm Hurst Rd.		<b>Transaction ID: SA11A1.26889</b>
City State Zip Code Prospect Heights IL 60070	Amount of Each Receipt this Period 32.69	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$32.69	
Name of Employer Occupation HCR ManorCare Inc. Sr Administrator	Aggregate Year-to-Date ▼ 431.05	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Joyce Louise Smith</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 3521 Cedar Creek Court		<b>Transaction ID: SA11A1.26890</b>
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 230.76	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$76.92	
Name of Employer Occupation HCR ManorCare Inc. VP^ Clinical Services	Aggregate Year-to-Date ▼ 1650.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Susan Sorrentino</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 506 French Point Ct.		<b>Transaction ID: SA11A1.26891</b>
City State Zip Code Millersville MD 21108	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$10	
Name of Employer Occupation HCR ManorCare Inc. Quality & Regulatory Consultan	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	293.45
<b>TOTAL</b> 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 43 / 49
	<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)  
Marionlee J Specter

Mailing Address 5286 Sell Road

City State Zip Code  
New Tripoli PA 18066

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

Name of Employer Occupation  
HCR ManorCare Inc. Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 689.50

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.26892

Amount of Each Receipt this Period  
115.50

Biweekly payroll deduction  
- \$38.50

**B.** Full Name (Last, First, Middle Initial)  
Steven D Spencer

Mailing Address 1102 Towsley Lane

City State Zip Code  
Ann Arbor MI 48105

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

Name of Employer Occupation  
HCR ManorCare Inc. VP Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 592.34

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26893

Amount of Each Receipt this Period  
126.93

Biweekly payroll deduction  
- \$42.31

**C.** Full Name (Last, First, Middle Initial)  
Patricia Jane Stahr

Mailing Address 807 Johnston Drive

City State Zip Code  
Bethlehem PA 18017

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

Name of Employer Occupation  
HCR ManorCare Inc. Admin Dir Of Nursing Serv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.26894

Amount of Each Receipt this Period  
45.00

Biweekly payroll deduction  
- \$15

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>287.43</b>
<b>TOTAL</b> 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 44 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Eric Talbert		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 7231 Stonewater Ct		Transaction ID: SA11A1.26900
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$10	
Name of Employer HCR Manor Care, Inc.	Occupation Div. Director of Operations Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Helen Taube		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 200 Parkwood Drive South		Transaction ID: SA11A1.26901
City State Zip Code Royal Palm Beach FL 33411	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$15	
Name of Employer HCR Manor Care, Inc.	Occupation Manager Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Rami Ubaydi		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 27134 Pumpkin Street		Transaction ID: SA11A1.26904
City State Zip Code Murrieta CA 92562	Amount of Each Receipt this Period 115.50	
FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - \$38.50	
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 ▼ 745.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	190.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 45 / 49
	<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. 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.ManorCare, Inc. Director of Health Planning

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 780.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.26909

Amount of Each Receipt this Period  
60.00

Biweekly payroll deduction  
- \$20

**B.** Full Name (Last, First, Middle Initial)  
M Keith Weikel

Mailing Address Three River Hills Ln

City State Zip Code  
Toledo OH 43623

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

Name of Employer Occupation  
HCR ManorCare Inc. Sr Executive VP and COO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3846.14

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.26912

Amount of Each Receipt this Period  
576.93

Biweekly payroll deduction  
- \$192.31

**C.** Full Name (Last, First, Middle Initial)  
Dan Wood

Mailing Address 844 Miami Street

City State Zip Code  
Toledo OH 43605

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

Name of Employer Occupation  
HCR ManorCare Inc. Asst General Mgr

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1186.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.26917

Amount of Each Receipt this Period  
180.00

Biweekly payroll deduction  
- \$60

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>816.93</b>
<b>TOTAL</b> 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 46 / 49
	<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

Mailing Address 5 Aberfield Lane

City State Zip Code  
Miamisburg OH 45342

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

Name of Employer Occupation  
HCR.ManorCare, Inc. RDO - Central Division Region 2

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 849.98

Date of Receipt  
MM / DD / YYYY  
12 / 27 / 2006

Transaction ID: SA11A1.26918

Amount of Each Receipt this Period  
115.38

Biweekly payroll deduction - \$38.46

**B.** Full Name (Last, First, Middle Initial)  
Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City State Zip Code  
Toledo OH 43613

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

Name of Employer Occupation  
HCR ManorCare Inc. Senior Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.62

Date of Receipt  
MM / DD / YYYY  
12 / 27 / 2006

Transaction ID: SA11A1.26920

Amount of Each Receipt this Period  
57.69

Biweekly payroll deduction - \$19.23

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	173.07
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11025.28

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 49
	(check only one)	
<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

Mailing Address P.O. Box 5065

City State Zip Code  
Cleveland OH 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 ▼  
662.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID:** SA17.26642

Amount of Each Receipt this Period  
11.97

Interest - 11/06

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

Mailing Address P.O. Box 5065

City State Zip Code  
Cleveland OH 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 ▼  
680.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**Transaction ID:** SA17.26645

Amount of Each Receipt this Period  
18.39

Interest - 12/06

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.36
<b>TOTAL</b> This Period (last page this line number only) .....	▶	30.36

**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 48 / 49

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MAX BAUCUS</b>		Transaction ID: SB23.26648
Mailing Address 818 Connecticut Avenue NW Suite 100		Date of Disbursement MM / DD / YYYY 12 / 19 / 2006
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MT District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 49

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Joe Scarnati</b>		<b>Transaction ID:</b> SB29.26649 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address P. O. Box 177		Amount of Each Disbursement this Period 500.00
City Brockway	State PA	
Zip Code 15824		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Friends of Ulysses Currie</b>		<b>Transaction ID:</b> SB29.26651 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 2020 Governor Thomas Bladen Way #201		Amount of Each Disbursement this Period 250.00
City Annapolis	State MD	
Zip Code 21401		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. The Huntington National Bank</b>		<b>Transaction ID:</b> SB29.26646 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 5065		Amount of Each Disbursement this Period 67.41
City Cleveland	State OH	
Zip Code 44101-0065		Category/ Type
Purpose of Disbursement Service Fees - 12/06		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>817.41</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>817.41</b>