

**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	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		59846.35
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	15347.75									
(c) Total Receipts (from Line 19)	15976.74	183873.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31324.49	243719.46								
7. Total Disbursements (from Line 31)	2041.50	214436.47								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29282.99	29282.99								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	14759.08	152256.85
(i) Itemized (use Schedule A)	1210.77	31346.43
(ii) Unitemized	15969.85	183603.28
(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)	15969.85	183603.28
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	6.89	269.83
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))	15976.74	183873.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15976.74	183873.11

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	41.50	448.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	41.50	448.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	161500.00
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.....	2000.00	52487.88
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))..	2041.50	214436.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2041.50	214436.47

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)	15969.85	183603.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15969.85	183603.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	41.50	448.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	41.50	448.59

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 49
(check only one)

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

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)
Anthony J Abela

Mailing Address 3622 Deerfield Ct

City State Zip Code
Grass Lake MI 49240

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 ▼ 934.56

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29680

Amount of Each Receipt this Period
155.76

Biweekly payroll deduction
- 51.92

B.

Full Name (Last, First, Middle Initial)
Charlean Adams

Mailing Address 3523 East Manitou Circle

City State Zip Code
Muskegeon MI 49441

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 ▼ 2469.24

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29681

Amount of Each Receipt this Period
450.00

Biweekly payroll deduction
- 150

C.

Full Name (Last, First, Middle Initial)
Ms Gayla M. Adams

Mailing Address 239 County Rd 4328

City State Zip Code
Tenaha TX 75974

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 673.52

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.29682

Amount of Each Receipt this Period
75.45

Biweekly payroll deduction
- 25.15

SUBTOTAL of Receipts This Page (optional) ► **681.21**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Larry M Allen

Mailing Address P.O. Box 916

City Greenwood State IN Zip Code 46142

FEC ID number of contributing federal political committee. C

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt M M / D D / Y Y Y Y
12 / 24 / 2008

Transaction ID: SA11AI.29683

Amount of Each Receipt this Period 30.00

Biweekly payroll deduction - 10

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 ▼ 3326.98

Date of Receipt M M / D D / Y Y Y Y
12 / 24 / 2008

Transaction ID: SA11AI.29684

Amount of Each Receipt this Period 461.55

Biweekly payroll deduction - 153.85

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 ▼ 480.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2008

Transaction ID: SA11AI.29686

Amount of Each Receipt this Period 72.00

Biweekly payroll deduction - 24

SUBTOTAL of Receipts This Page (optional) 563.55

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 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

A.	Full Name (Last, First, Middle Initial) Matthew Baad		Date of Receipt
	Mailing Address 528 Bonnie Circle		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Howell	MI	48843
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.29689
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="312.00"/>	<input type="text" value="36.00"/>
			Biweekly payroll deduction - 12

B.	Full Name (Last, First, Middle Initial) Terri Ballesteros		Date of Receipt
	Mailing Address 4230 Durado Court		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Placerville	CA	95667
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.29690
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="235.00"/>	<input type="text" value="45.00"/>
			Biweekly payroll deduction - 15

C.	Full Name (Last, First, Middle Initial) Tammy Barker-Cronin		Date of Receipt
	Mailing Address 4521 Sutton Road		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Britton	MI	49229
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.29691
Name of Employer HCR Manor Care, Inc.		Occupation AVP - Quality Systems	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1262.94"/>	<input type="text" value="149.13"/>
			Biweekly payroll deduction - 49.71

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="230.13"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
L Jennifer Baron

Mailing Address 557 Jefferson St.

City State Zip Code
Pittsburgh PA 15237

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 ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29692

Amount of Each Receipt this Period
45.00

Biweekly payroll deduction - 15

B.

Full Name (Last, First, Middle Initial)
Charles Batcher

Mailing Address 910 Orchard Drive

City State Zip Code
Rossford OH 43460

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

Name of Employer Occupation
HCR Manor Care, Inc Director - Dementia Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 980.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29694

Amount of Each Receipt this Period
210.00

Biweekly payroll deduction - 70

C.

Full Name (Last, First, Middle Initial)
Theresa A Becher

Mailing Address 17 Union Street

City State Zip Code
Tremont PA 17981

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

Name of Employer Occupation
HCR Manor Care, Inc ADNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.71

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29696

Amount of Each Receipt this Period
46.89

Biweekly payroll deduction - 15.63

SUBTOTAL of Receipts This Page (optional) ► **301.89**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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

A.	Full Name (Last, First, Middle Initial) Donald S Boger	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 78 W. Kyla Marie Drive	Transaction ID: SA11AI.29698
	City State Zip Code Newark DE 19702	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - 15
	Name of Employer Occupation HCR ManorCare Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Pamella S Britt	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 27135 State Rt 49	Transaction ID: SA11AI.29701
	City State Zip Code Potomac IL 61865	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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Lorna M Brown	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 410 E. Court Street	Transaction ID: SA11AI.29702
	City State Zip Code Cambridge IL 61238	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. Assistant Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for 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

A.	Full Name (Last, First, Middle Initial) Susan A Brown		Date of Receipt
	Mailing Address 212 Keefer Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Pine Grove	PA	17963
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR ManorCare Inc		Occupation Admin Dir of Nursing Serv	Transaction ID: SA11AI.29703
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 292.74	Amount of Each Receipt this Period <input type="text"/> 41.82
			Biweekly payroll deduction - 13.94

B.	Full Name (Last, First, Middle Initial) David Burke		Date of Receipt
	Mailing Address 3908 Tricking Brook Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Richmond	VA	23228
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Transaction ID: SA11AI.29704
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 459.87	Amount of Each Receipt this Period <input type="text"/> 57.69
			Biweekly payroll deduction - 19.23

C.	Full Name (Last, First, Middle Initial) John C Burkhart		Date of Receipt
	Mailing Address 26592 Mingo Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Perrysburg	OH	43551
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR ManorCare Inc.		Occupation Director^ Business Systems	Transaction ID: SA11AI.29705
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.00	Amount of Each Receipt this Period <input type="text"/> 30.00
			Biweekly payroll deduction - 10

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 129.51
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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) Candace Burks-McCoy		Date of Receipt
	Mailing Address 6115 North Ridge Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Ft. Worth	TX	76135
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.29706
Name of Employer HCR.ManorCare, Inc.		Occupation Senior Manager Clinical Services	Amount of Each Receipt this Period 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	Biweekly payroll deduction - 20

B.	Full Name (Last, First, Middle Initial) Dena L Byrd-Byrum		Date of Receipt
	Mailing Address 113 Lowood Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Greenville	SC	29605
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.29708
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 640.00	Biweekly payroll deduction - 25

C.	Full Name (Last, First, Middle Initial) Charlie F Byrne		Date of Receipt
	Mailing Address 4685 Rio Poco Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Naples	FL	33109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.29709
Name of Employer HCR ManorCare Inc.		Occupation Sr Administrator	Amount of Each Receipt this Period 132.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1085.37	Biweekly payroll deduction - 44.23

SUBTOTAL of Receipts This Page (optional)	267.69
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 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

A.	Full Name (Last, First, Middle Initial) Shirley D Cabildo		Date of Receipt
	Mailing Address 38 Bentley Court		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bedminster	NJ	07921
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.29710
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="338.28"/>	<input type="text" value="40.38"/>
			Biweekly payroll deduction - 13.46

B.	Full Name (Last, First, Middle Initial) Vickie Canter		Date of Receipt
	Mailing Address 17514 Lethridge Circle		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Round Hill	VA	20141
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.29712
Name of Employer HCR ManorCare Inc.		Occupation Admin Dir Of Nursing Serv	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="277.95"/>	<input type="text" value="49.05"/>
			Biweekly payroll deduction - 16.35

C.	Full Name (Last, First, Middle Initial) Javier Cavero		Date of Receipt
	Mailing Address 3077 N. Oakland Forest Dr. #202		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Oakland Park	FL	33309
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.29714
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="323.00"/>	<input type="text" value="51.00"/>
			Biweekly payroll deduction - 17

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="140.43"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

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

Mailing Address 620 Ashbury Drive

City State Zip Code
Perrysburg OH 43551

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2289.20

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29715

Amount of Each Receipt this Period

576.90

Biweekly payroll deduction - 192.30

B.

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

Mailing Address 1971 A Allwood Drive

City State Zip Code
Bethlehem PA 18018

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

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 353.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29716

Amount of Each Receipt this Period

46.14

Biweekly payroll deduction - 15.38

C.

Full Name (Last, First, Middle Initial)
Lenette A Clark

Mailing Address 1259 Tower Court

City State Zip Code
Bourbannais IL 60914

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 ▼ 599.76

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29717

Amount of Each Receipt this Period

99.96

Biweekly payroll deduction - 33.32

SUBTOTAL of Receipts This Page (optional)

723.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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

A.	Full Name (Last, First, Middle Initial) Christine M Conner	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 61 Panoramic Way	Transaction ID: SA11AI.29719
	City State Zip Code Walnut Creek CA 94595	Amount of Each Receipt this Period 64.32
	FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - 21.44
	Name of Employer Occupation HCR Manor Care Inc Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.40	

B.	Full Name (Last, First, Middle Initial) William V Coury	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 1369 Southern Magnolia Lane	Transaction ID: SA11AI.29720
	City State Zip Code Mt. Pleasant SC 29406	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - 15
	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 ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Ms Deborah Cszasz	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 3715 Spear St.	Transaction ID: SA11AI.29721
	City State Zip Code Bethlehem PA 18020	Amount of Each Receipt this Period 54.24
	FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - 18.08
	Name of Employer Occupation HCR Manor Care, Inc. Managed Care Consultant - Eastern	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.08	

SUBTOTAL of Receipts This Page (optional)	163.56
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial) Jamie S D'Angelo		Date of Receipt MM / DD / YYYY 12 / 24 / 2008
Mailing Address 26 Oakland Ave		Transaction ID: SA11AI.29723
City Wheeling	State WV	Zip Code 26003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 59.91
Name of Employer HCR ManorCare Inc.	Occupation Administrator	Biweekly payroll deduction - 19.97
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.29	

B.

Full Name (Last, First, Middle Initial) Danny M Davis		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address P.O. Box 1252		Transaction ID: SA11AI.29725
City Charleston	State WV	Zip Code 25325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Biweekly payroll deduction - 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.80	

C.

Full Name (Last, First, Middle Initial) Kathleen Dell		Date of Receipt MM / DD / YYYY 12 / 24 / 2008
Mailing Address 5750 Belle Avenue		Transaction ID: SA11AI.29727
City Davenport	State IA	Zip Code 52807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.50
Name of Employer HCR Manor Care, Inc.	Occupation Regional Rehab Manager	Biweekly payroll deduction - 28.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 732.20	

SUBTOTAL of Receipts This Page (optional)	190.41
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

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

Mailing Address 3615 Sunnyview Rd

City State Zip Code
Appleton WI 54914

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

Name of Employer Occupation
HCR ManorCare Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2008

Transaction ID: SA11AI.29730

Amount of Each Receipt this Period
25.00

Biweekly payroll deduction - 25

B.

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

Mailing Address 11608 Everglade Court

City State Zip Code
North Potomac MD 20878

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

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 817.83

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: SA11AI.29732

Amount of Each Receipt this Period
90.87

Biweekly payroll deduction - 30.29

C.

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

Mailing Address 5726 Rolbesay Drive

City State Zip Code
Dublin OH 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3457.20

Date of Receipt
MM / DD / YYYY
12 / 24 / 2008

Transaction ID: SA11AI.29733

Amount of Each Receipt this Period
576.90

Biweekly payroll deduction - 192.30

SUBTOTAL of Receipts This Page (optional) ▶ **692.77**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 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) R Michael Ferguson		Date of Receipt
	Mailing Address 2450 Underhill Rd		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Toledo	OH	43615
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.29735
Name of Employer HCR ManorCare Inc.		Occupation VP & Dir of Purchasing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="230.76"/>
		<input type="text" value="1846.16"/>	Biweekly payroll deduction - 76.92

B.	Full Name (Last, First, Middle Initial) Sara M Fielding-Russell		Date of Receipt
	Mailing Address 3601 Hawthorne Dr		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Richfield	OH	44286
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.29736
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="51.09"/>
		<input type="text" value="512.74"/>	Biweekly payroll deduction - 17.03

C.	Full Name (Last, First, Middle Initial) Suzanne L Fisher		Date of Receipt
	Mailing Address 1504 Old Bernville Road		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Leesport	PA	19533
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.29737
Name of Employer HCR Manor Care, Inc.		Occupation Admin Director of Nursing Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="30.00"/>
		<input type="text" value="210.00"/>	Biweekly payroll deduction - 10

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="311.85"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

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

Mailing Address 2313 Rockspring Rd

City Toledo State OH Zip Code 43614

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

Name of Employer HCR ManorCare Inc. Occupation Legal Counsel II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 836.20

Date of Receipt 12 / 24 / 2008

Transaction ID: SA11AI.29740

Amount of Each Receipt this Period 97.35

Biweekly payroll deduction - 32.45

B.

Full Name (Last, First, Middle Initial)
Karen L Forrest

Mailing Address 3115 Wynstone Dr

City Quincy State IL Zip Code 62305

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1517.32

Date of Receipt 12 / 24 / 2008

Transaction ID: SA11AI.29741

Amount of Each Receipt this Period 178.62

Biweekly payroll deduction - 59.54

C.

Full Name (Last, First, Middle Initial)
Jamie Fox

Mailing Address 705A Allentown Rd

City Sellersville State PA Zip Code 18960

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

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 508.96

Date of Receipt 12 / 24 / 2008

Transaction ID: SA11AI.29742

Amount of Each Receipt this Period 60.60

Biweekly payroll deduction - 20.20

SUBTOTAL of Receipts This Page (optional) ► **336.57**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 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

A.	Full Name (Last, First, Middle Initial) Bonita Frank		Date of Receipt
	Mailing Address 8760 E. 4200 N Rd.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hoopeston	IL	60942
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare, Inc.		Occupation Case Mix Specialist	Transaction ID: SA11AI.29743
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="214.13"/>	<input type="text" value="33.81"/>
			Biweekly payroll deduction - 11.27

B.	Full Name (Last, First, Middle Initial) George Frill		Date of Receipt
	Mailing Address 2006 Hale Ct		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Wyomising	PA	19610
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator - Laureldale	Transaction ID: SA11AI.29744
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="530.22"/>	<input type="text" value="68.37"/>
			Biweekly payroll deduction - 22.79

C.	Full Name (Last, First, Middle Initial) Sally A Gates		Date of Receipt
	Mailing Address 2011 20Th Ln		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Palm Beach Gardens	FL	33418
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	Transaction ID: SA11AI.29746
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="285.00"/>	<input type="text" value="45.00"/>
			Biweekly payroll deduction - 15

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="147.18"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Michael D Gore

Mailing Address PO Box 1226

City State Zip Code
Rupert WV 25984

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 ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.29748

Amount of Each Receipt this Period

30.00

Biweekly payroll deduction - 10

B.

Full Name (Last, First, Middle Initial)
James Grady

Mailing Address 1311 Old Taylor Trail

City State Zip Code
Goshen KY 40026

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 242.28

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29749

Amount of Each Receipt this Period

80.76

Biweekly payroll deduction - 26.92

C.

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

Mailing Address 3000 Riva Ridge Rd

City State Zip Code
Toledo OH 43615

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

Name of Employer Occupation
HCR.ManorCare, Inc. VP/GM - Heartland Hospice

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2802.38

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29751

Amount of Each Receipt this Period

486.36

Biweekly payroll deduction - 162.12

SUBTOTAL of Receipts This Page (optional) ▶

597.12

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Melissa M. Groves

Mailing Address Rt. 1 Box 404

City State Zip Code
Kingwood WV 26537

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 ▼ 277.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.29753

Amount of Each Receipt this Period 38.13

Biweekly payroll deduction - 12.71

B.

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

Mailing Address 217 Garden St.

City State Zip Code
Needham MA 02492

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

Name of Employer Occupation
HCR ManorCare Inc. Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29754

Amount of Each Receipt this Period 576.93

Biweekly payroll deduction - 192.31

C.

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

Mailing Address 8250 SW 8th St

City State Zip Code
North Lauderdale FL 33068

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

Name of Employer Occupation
HCR ManorCare Inc. Assistant Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 507.81

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29755

Amount of Each Receipt this Period 76.14

Biweekly payroll deduction - 25.38

SUBTOTAL of Receipts This Page (optional) ► **691.20**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Mr. 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 ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29756

Amount of Each Receipt this Period
90.00

Biweekly payroll deduction - 30

B.

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 ▼ 1078.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29757

Amount of Each Receipt this Period
126.00

Biweekly payroll deduction - 42

C.

Full Name (Last, First, Middle Initial)
Mary I Herman

Mailing Address 418 Highland Ave. RR#5

City State Zip Code
Clarks Summit PA 18411

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 ▼ 360.06

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.29758

Amount of Each Receipt this Period
40.38

Biweekly payroll deduction - 13.46

SUBTOTAL of Receipts This Page (optional) ► **256.38**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 49
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Elizabeth B. Hill

Mailing Address 1285 Sunhill Drive

City State Zip Code
Lawrenceville GA 30043

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 ▼ 516.42

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.29759

Amount of Each Receipt this Period 86.07

Biweekly payroll deduction - 28.69

B.

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

Mailing Address 8054 Tillicum Grove North

City State Zip Code
Rockford MI 49341

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29760

Amount of Each Receipt this Period 115.38

Biweekly payroll deduction - 38.46

C.

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

Mailing Address 4829 Rhone Drive

City State Zip Code
Maumee OH 43537

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 601.33

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29761

Amount of Each Receipt this Period 70.20

Biweekly payroll deduction - 23.40

SUBTOTAL of Receipts This Page (optional) ► **271.65**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (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

A.	Full Name (Last, First, Middle Initial) Rodger J Hogan	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 101 Mercury Way	Transaction ID: SA11AI.29762
	City State Zip Code Pleasant Hill CA 94523	Amount of Each Receipt this Period 102.00
	FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - 34
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 ▼ 476.00	

B.	Full Name (Last, First, Middle Initial) Kathryn Hoops	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 24708 McCutchenville Road	Transaction ID: SA11AI.29763
	City State Zip Code Perrysburg OH 43551	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 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 ▼ 1846.08	

C.	Full Name (Last, First, Middle Initial) Mr. John Huber	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 26448 Carronade Drive	Transaction ID: SA11AI.29764
	City State Zip Code Perrysburg OH 43551	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 Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

SUBTOTAL of Receipts This Page (optional)	598.14
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 49
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Rebecca S Jablon

Mailing Address 3349 Fairbanks Ave

City Toledo State OH Zip Code 43615

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 467.28

Date of Receipt 12 / 24 / 2008

Transaction ID: SA11AI.29767

Amount of Each Receipt this Period 77.88

Biweekly payroll deduction - 25.96

B.

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

Mailing Address 3466 Country Farms Road

City Oregon State OH Zip Code 43616

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt 12 / 24 / 2008

Transaction ID: SA11AI.29768

Amount of Each Receipt this Period 105.00

Biweekly payroll deduction - 35

C.

Full Name (Last, First, Middle Initial)
Gina Elizabeth Jennings

Mailing Address 7 Eva Court

City Baltimore State MD Zip Code 21220

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

Name of Employer HCR Manor Care, Inc Occupation ADNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt 12 / 24 / 2008

Transaction ID: SA11AI.29769

Amount of Each Receipt this Period 56.70

Biweekly payroll deduction - 18.90

SUBTOTAL of Receipts This Page (optional) ► 239.58

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 49
(check only one)

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

A.

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

Mailing Address 4266 Shire Landing

City Hillard State OH Zip Code 43026

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1315.44

Date of Receipt 12 / 24 / 2008

Transaction ID: SA11AI.29770

Amount of Each Receipt this Period 153.60

Biweekly payroll deduction - 51.20

B.

Full Name (Last, First, Middle Initial)
Elizabeth M Kaczor

Mailing Address 1689 Rauch Rd

City Temperance State MI Zip Code 48182

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

Name of Employer HCR ManorCare Inc. Occupation AVP HR Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt 12 / 24 / 2008

Transaction ID: SA11AI.29773

Amount of Each Receipt this Period 115.38

Biweekly payroll deduction - 38.46

C.

Full Name (Last, First, Middle Initial)
Ken Kang

Mailing Address 513 Adams Street Apt. #909

City Toledo State OH Zip Code 43604

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 369.25

Date of Receipt 12 / 24 / 2008

Transaction ID: SA11AI.29774

Amount of Each Receipt this Period 34.62

Biweekly payroll deduction - 11.54

SUBTOTAL of Receipts This Page (optional) ► 303.60

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Mrs. Kathy Karr

Mailing Address 4430 Woodfield Drive

City State Zip Code
Bettendorf IA 52722

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

Name of Employer Occupation
HCR Manor Care Inc. Senior Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29775

Amount of Each Receipt this Period

36.00

Biweekly payroll deduction - 12

B.

Full Name (Last, First, Middle Initial)
Anthony J Keelin

Mailing Address 2208 26th Avenue^ South

City State Zip Code
Fargo ND 58103

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 ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29776

Amount of Each Receipt this Period

75.00

Biweekly payroll deduction - 25

C.

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

Mailing Address 7620 Isaac Drive

City State Zip Code
Middleburg Heights OH 44130

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29777

Amount of Each Receipt this Period

150.00

Biweekly payroll deduction - 50

SUBTOTAL of Receipts This Page (optional)

261.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Kathryn C Kondolf-Harmer

Mailing Address 6421 Crews Lake Hills Loop West

City State Zip Code
Lakeland FL 33813

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 ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.29778

Amount of Each Receipt this Period

30.00

Biweekly payroll deduction - 10

B.

Full Name (Last, First, Middle Initial)
Betty Kutner

Mailing Address 3006 Wild Run Road

City State Zip Code
Pennsburg PA 18073

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29779

Amount of Each Receipt this Period

30.00

Biweekly payroll deduction - 10

C.

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

Mailing Address 806 Copley Lane

City State Zip Code
Silver Spring MD 20904

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1502.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29780

Amount of Each Receipt this Period

292.50

Biweekly payroll deduction - 97.50

SUBTOTAL of Receipts This Page (optional)

352.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 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

A.	Full Name (Last, First, Middle Initial) Michael Lavin	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 205 Foxmanor Lane	Transaction ID: SA11AI.29781
	City State Zip Code Glen Burnie MD 21061	Amount of Each Receipt this Period 77.25
	FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - 25.75
	Name of Employer Occupation HCR Manor Care, Inc. AIT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 662.12	

B.	Full Name (Last, First, Middle Initial) Diane Lube	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 1040 Pinewood Drive	Transaction ID: SA11AI.29783
	City State Zip Code Downers Grove IL 60516	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - 15
	Name of Employer Occupation HCR ManorCare Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

C.	Full Name (Last, First, Middle Initial) Carrie Lund	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 14802 Dunston Place	Transaction ID: SA11AI.29785
	City State Zip Code Tampa FL 33618	Amount of Each Receipt this Period 138.00
	FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - 46
	Name of Employer Occupation HCR Manor Care, Inc. Sr. Administrator - Palm Harbor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1165.91	

SUBTOTAL of Receipts This Page (optional)	260.25
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 49
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Gretchen W Mangone

Mailing Address 5234 Reddington

City State Zip Code
Dublin OH 43017

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 ▼ 475.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2008

Transaction ID: SA11AI.29786

Amount of Each Receipt this Period 75.00

Biweekly payroll deduction - 25

B.

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

Mailing Address 49895 Waterstone Estates Circle

City State Zip Code
Northville MI 48168

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 ▼ 430.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: SA11AI.29788

Amount of Each Receipt this Period 60.00

Biweekly payroll deduction - 20

C.

Full Name (Last, First, Middle Initial)
Laverne M Martin

Mailing Address 8232 Ridge Run Place

City State Zip Code
Mechanicsville PA 23116

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

Name of Employer Occupation
HCR Manor Care, Inc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 314.84

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: SA11AI.29790

Amount of Each Receipt this Period 55.56

Biweekly payroll deduction - 18.52

SUBTOTAL of Receipts This Page (optional) ► 190.56

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Debra Martindale

Mailing Address PO Box 94

City State Zip Code
Smithfield IL 61477

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

Name of Employer Occupation
HCR. Manor Care, Inc Admissions Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 287.94

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: SA11AI.29791

Amount of Each Receipt this Period
32.46

Biweekly payroll deduction
- 10.82

B.

Full Name (Last, First, Middle Initial)
Anita M Martinez

Mailing Address 909 Gainesway Court

City State Zip Code
Florissant MO 63034

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 ▼ 544.08

Date of Receipt
MM / DD / YYYY
12 / 24 / 2008

Transaction ID: SA11AI.29792

Amount of Each Receipt this Period
77.88

Biweekly payroll deduction
- 25.96

C.

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

Mailing Address 56 Holden Dr

City State Zip Code
Martinsburg WV 25401

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 ▼ 405.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: SA11AI.29794

Amount of Each Receipt this Period
45.00

Biweekly payroll deduction
- 15

SUBTOTAL of Receipts This Page (optional) ► **155.34**

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

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

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

FOR LINE NUMBER: PAGE 33 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms. Janet Mastrangelo (Howells)
Mailing Address 266 Crossing Creek North
City Gahanna State OH Zip Code 43230
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR.ManorCare, Inc. Occupation Assistant Vice President of Rehab
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 990.00
Date of Receipt 12 / 24 / 2008
Transaction ID: SA11AI.29796
Amount of Each Receipt this Period 165.00
Biweekly payroll deduction - 55

B. Full Name (Last, First, Middle Initial)
Patricia McCormick
Mailing Address 113 Holly Lane
City Perrysburg State OH Zip Code 43551
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc Occupation Legal Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 570.00
Date of Receipt 12 / 24 / 2008
Transaction ID: SA11AI.29799
Amount of Each Receipt this Period 90.00
Biweekly payroll deduction - 30

C. Full Name (Last, First, Middle Initial)
Melanie P McWhite
Mailing Address 1551 Crichton Road W
City Jacksonville State FL Zip Code 32221
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 353.36
Date of Receipt 12 / 24 / 2008
Transaction ID: SA11AI.29801
Amount of Each Receipt this Period 75.72
Biweekly payroll deduction - 25.24

SUBTOTAL of Receipts This Page (optional) ► 330.72
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 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

A.	Full Name (Last, First, Middle Initial) Murry J Mercier		Date of Receipt
	Mailing Address 7110 Oak Bluff Lane		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Maumee	OH	43537
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation VP Dir of Information Serv	Transaction ID: SA11AI.29802
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="3461.52"/>	<input type="text" value="576.93"/>
			Biweekly payroll deduction - 192.31

B.	Full Name (Last, First, Middle Initial) Michelle M Meyer		Date of Receipt
	Mailing Address 28 W. Linwood Rd.		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Linwood	MI	48634
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Transaction ID: SA11AI.29803
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="252.00"/>	<input type="text" value="42.00"/>
			Biweekly payroll deduction - 14

C.	Full Name (Last, First, Middle Initial) William Milianes		Date of Receipt
	Mailing Address 169 Sheridan Ave.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ho Ho Kus	NJ	07423
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation Executive Director	Transaction ID: SA11AI.29804
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="346.20"/>	<input type="text" value="51.93"/>
			Biweekly payroll deduction - 17.31

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="670.86"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms Joylin Nation

Mailing Address 15985 Voyageurs Place

City State Zip Code
West Palm Beach FL 33414

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HCR Manor Care, Inc. Senior Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt M M / D D / Y Y Y Y
12 / 24 / 2008

Transaction ID: SA11AI.29808

Amount of Each Receipt this Period 115.38

Biweekly payroll deduction - 38.46

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

Mailing Address 28 Roslyn Road

City State Zip Code
Grosse Pointe Shor MI 48236

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2117.34

Date of Receipt M M / D D / Y Y Y Y
12 / 24 / 2008

Transaction ID: SA11AI.29809

Amount of Each Receipt this Period 280.89

Biweekly payroll deduction - 93.63

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

Mailing Address 12331 South 71st Avenue

City State Zip Code
Palos Heights IL 60463

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1154.00

Date of Receipt M M / D D / Y Y Y Y
12 / 24 / 2008

Transaction ID: SA11AI.29811

Amount of Each Receipt this Period 173.10

Biweekly payroll deduction - 57.70

SUBTOTAL of Receipts This Page (optional) 569.37

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ann E Otley
Mailing Address 333 W Wooster St
City Bowling Green State OH Zip Code 43402
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Inc. Occupation Director of Corporate Benefits
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 12 / 24 / 2008
Transaction ID: SA11AI.29812
Amount of Each Receipt this Period 120.00
Biweekly payroll deduction - 40

B. Full Name (Last, First, Middle Initial)
Mr. David Parker
Mailing Address 2154 Tremont Road
City Columbus State OH Zip Code 43212
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare, Inc. Occupation VP Assistant General Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1711.66
Date of Receipt 12 / 24 / 2008
Transaction ID: SA11AI.29813
Amount of Each Receipt this Period 198.00
Biweekly payroll deduction - 66

C. Full Name (Last, First, Middle Initial)
Richard A Parr II
Mailing Address 2253 Gray Fox Court
City Ann Arbor State MI Zip Code 48103
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation VP - General Counsel & Secretary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4420.28
Date of Receipt 12 / 24 / 2008
Transaction ID: SA11AI.29814
Amount of Each Receipt this Period 576.00
Biweekly payroll deduction - 192

SUBTOTAL of Receipts This Page (optional) ► 894.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 37 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Douglas M Parson

Mailing Address 812 Countay Club Drive

City State Zip Code
Butler MO 64730

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 ▼ 555.75

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2008

Transaction ID: SA11AI.29815

Amount of Each Receipt this Period
63.15

Biweekly payroll deduction
- 21.05

B. Full Name (Last, First, Middle Initial)
Deborah A Parziale

Mailing Address 8850 Little Creek Road

City State Zip Code
Reno NV 89506

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 ▼ 910.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2008

Transaction ID: SA11AI.29816

Amount of Each Receipt this Period
105.00

Biweekly payroll deduction
- 35

C. Full Name (Last, First, Middle Initial)
David III Pipkin

Mailing Address 9211 Marydell Rd

City State Zip Code
Ellicott City MD 21042

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 ▼ 1302.10

Date of Receipt
M M / D D / Y Y Y Y
12 / 24 / 2008

Transaction ID: SA11AI.29819

Amount of Each Receipt this Period
151.26

Biweekly payroll deduction
- 50.42

SUBTOTAL of Receipts This Page (optional) ► **319.41**

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

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

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

FOR LINE NUMBER: PAGE 38 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Clifton J Porter II

Mailing Address 3929 Azalea Circle

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
HCR ManorCare Inc. AVP^ Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1631.10

Date of Receipt
MM / DD / YYYY
12 / 24 / 2008

Transaction ID: SA11AI.29820

Amount of Each Receipt this Period
189.81

Biweekly payroll deduction
- 63.27

B. Full Name (Last, First, Middle Initial)
Margaret A Reitmeyer

Mailing Address 13 Gregory Drive

City State Zip Code
Kenvil NJ 07847

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 904.36

Date of Receipt
MM / DD / YYYY
12 / 24 / 2008

Transaction ID: SA11AI.29824

Amount of Each Receipt this Period
105.00

Biweekly payroll deduction
- 35

C. Full Name (Last, First, Middle Initial)
John I Remenar

Mailing Address 2723 Rexton Ridge Rd

City State Zip Code
Toledo OH 43617

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

Name of Employer Occupation
HCR ManorCare Inc. VP Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3785.50

Date of Receipt
MM / DD / YYYY
12 / 24 / 2008

Transaction ID: SA11AI.29825

Amount of Each Receipt this Period
565.38

Biweekly payroll deduction
- 188.46

SUBTOTAL of Receipts This Page (optional) ► **860.19**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 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) Damian M Rodgers	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 4647 Calico Court	Transaction ID: SA11AI.29827
	City State Zip Code Monclova OH 43542	Amount of Each Receipt this Period 111.00
	FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - 37
	Name of Employer Occupation HCR Manor Care, Inc. Legal Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 686.10	

B.	Full Name (Last, First, Middle Initial) David R Roth	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 5257 Bentwood Drive	Transaction ID: SA11AI.29829
	City State Zip Code Mason OH 45040	Amount of Each Receipt this Period 66.00
	FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - 22
	Name of Employer Occupation HCR ManorCare Inc. Director Of Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.00	

C.	Full Name (Last, First, Middle Initial) Lynette M Rugg	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 1348 Oakland Circle	Transaction ID: SA11AI.29830
	City State Zip Code N. Aurora IL 60542	Amount of Each Receipt this Period 76.41
	FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - 25.47
	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 ▼ 655.02	

SUBTOTAL of Receipts This Page (optional)	253.41
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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)
Cynthia S Scharp

Mailing Address 1627 N. 1100 E

City State Zip Code
Gilman IL 60938

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

Name of Employer Occupation
HCR ManorCare Inc. Sr Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.29832

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 ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.29833

Amount of Each Receipt this Period
75.00

Biweekly payroll deduction - 25

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 ▼ 755.40

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29834

Amount of Each Receipt this Period
93.06

Biweekly payroll deduction - 31.02

SUBTOTAL of Receipts This Page (optional) ► 228.06

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial) Pamela K Sebern		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 8
Mailing Address 36 West 290 Barton Drive		Transaction ID: SA11AI.29835
City State Zip Code St. Charles IL 60175	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Biweekly payroll deduction - 10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) Susan Sexton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 8
Mailing Address 7645 Yawberg Road		Transaction ID: SA11AI.29836
City State Zip Code Whitehouse OH 43571	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 103.62
Name of Employer HCR Manor Care, Inc.	Occupation Senior Manager - Tax	Biweekly payroll deduction - 34.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 878.15	

C.

Full Name (Last, First, Middle Initial) Theresa J Smelser		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 8
Mailing Address 202 N. Elm Hurst Rd.		Transaction ID: SA11AI.29839
City State Zip Code Prospect Heights IL 60070	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 95.25
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	Biweekly payroll deduction - 31.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 905.20	

SUBTOTAL of Receipts This Page (optional)	228.87
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 49
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dean A Smith

Mailing Address 5918 Johnson Street

City State Zip Code
Cantonsville MD 21228

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 ▼ 686.37

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: SA11AI.29840

Amount of Each Receipt this Period
77.22

Biweekly payroll deduction
- 25.74

B.

Full Name (Last, First, Middle Initial)
Joyce Louise Smith

Mailing Address 3521 Cedar Creek Court

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
HCR ManorCare Inc. VP^ Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2379.75

Date of Receipt
MM / DD / YYYY
12 / 24 / 2008

Transaction ID: SA11AI.29841

Amount of Each Receipt this Period
475.95

Biweekly payroll deduction
- 158.65

C.

Full Name (Last, First, Middle Initial)
David W Snyder Jr

Mailing Address 3117 Terry Dr. SE

City State Zip Code
Cedar Rapids IA 52403

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

Name of Employer Occupation
HCR ManorCare Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: SA11AI.29842

Amount of Each Receipt this Period
45.00

Biweekly payroll deduction
- 15

SUBTOTAL of Receipts This Page (optional) ► **598.17**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 49
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Lonnie J Steckler

Mailing Address 2988 Oaktree Lane

City State Zip Code
Hollywood FL 33021

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 ▼ 230.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: SA11AI.29843

Amount of Each Receipt this Period 30.00

Biweekly payroll deduction - 10

B.

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

Mailing Address 27134 Pumpkin Street

City State Zip Code
Murrieta CA 92562

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1042.28

Date of Receipt
MM / DD / YYYY
12 / 24 / 2008

Transaction ID: SA11AI.29846

Amount of Each Receipt this Period 150.00

Biweekly payroll deduction - 50

C.

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

Mailing Address 267 Mather Road

City State Zip Code
Jenkintown PA 19046

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

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2008

Transaction ID: SA11AI.29848

Amount of Each Receipt this Period 30.00

Biweekly payroll deduction - 10

SUBTOTAL of Receipts This Page (optional) ► 210.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial) John L Waller		Date of Receipt MM / DD / YYYY 12 / 24 / 2008
Mailing Address 822 Raleigh Court		Transaction ID: SA11AI.29849
City Gastonia	State NC	Zip Code 28054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.14
Name of Employer HCR Manor Care, Inc.	Occupation AVP of Clinical Services	Biweekly payroll deduction - 23.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.08	

B.

Full Name (Last, First, Middle Initial) Toni Y Williams		Date of Receipt MM / DD / YYYY 12 / 24 / 2008
Mailing Address 141 Boiling Spring Cir		Transaction ID: SA11AI.29850
City Southern Pines	State NC	Zip Code 28387
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.40
Name of Employer HCR ManorCare Inc.	Occupation Admin Dir Of Nursing Serv	Biweekly payroll deduction - 34.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 626.40	

C.

Full Name (Last, First, Middle Initial) Mark A Wilson		Date of Receipt MM / DD / YYYY 12 / 24 / 2008
Mailing Address 140 Packet Drive		Transaction ID: SA11AI.29851
City Charles Town	State WV	Zip Code 25414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Operations	Biweekly payroll deduction - 10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	204.54
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 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	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 5 Aberfield Lane	Transaction ID: SA11AI.29853
	City State Zip Code Miamisburg OH 45342	Amount of Each Receipt this Period 88.41
	FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - 29.47
	Name of Employer Occupation HCR.ManorCare, Inc. RDO - Central Division Region 2	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 902.22	

B.	Full Name (Last, First, Middle Initial) Darrell W Woods	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 5018 Honeyleaf Way	Transaction ID: SA11AI.29854
	City State Zip Code Dayton OH 45424	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 - Piqua	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

C.	Full Name (Last, First, Middle Initial) Julie A Yoxtheimer	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address 249 E Pearl St	Transaction ID: SA11AI.29856
	City State Zip Code Findlay OH 45840	Amount of Each Receipt this Period 36.00
	FEC ID number of contributing federal political committee. C	Biweekly payroll deduction - 12
	Name of Employer Occupation HCR ManorCare Inc. Sr Reimbursement Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	154.41
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 46 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Harriet D Zomerfeld

Mailing Address 10 Stone Barn Dr

City State Zip Code
Hockessin DE 19707

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 ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.29858

Amount of Each Receipt this Period
30.00

Biweekly payroll deduction
- 10

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	14759.08

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for 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 Cleveland State OH Zip Code 44101-0065

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 267.13

Date of Receipt: 11 / 28 / 2008
Transaction ID: SA17.29678
 Amount of Each Receipt this Period: 4.19
 Interest Income - 11/08

B.

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

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.83

Date of Receipt: 12 / 31 / 2008
Transaction ID: SA17.29679
 Amount of Each Receipt this Period: 2.70
 Interest Income - 12/08

SUBTOTAL of Receipts This Page (optional)	▶	6.89
TOTAL This Period (last page this line number only)	▶	6.89

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

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

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement
Service Fees - 1208

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.29675

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

41.50

SUBTOTAL of Disbursements This Page (optional)

41.50

TOTAL This Period (last page this line number only)

41.50

**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

A.	Full Name (Last, First, Middle Initial) Citizens for Dwight Evans		Transaction ID: SB29.29677	
	Mailing Address 8033 Germantown Avenue		Date of Disbursement 12 / 03 / 2008	
	City Philadelphia	State PA	Zip Code 19118	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution for event held on 12/18/08		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

2000.00