

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2013"/> | | 23363.08 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 47217.92 | |
| (c) Total Receipts (from Line 19) | 71770.75 | 179402.92 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 118988.67 | 202766.00 |
| 7. Total Disbursements (from Line 31)..... | 107643.98 | 191421.31 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 11344.69 | 11344.69 |
| 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
HCR MANOR CARE PAC

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 65232.82 | 146841.83 |
| (ii) Unitemized | 6536.59 | 27557.44 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 71769.41 | 174399.27 |
| (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) | 71769.41 | 174399.27 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 5000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 1.34 | 3.65 |
| 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 Transfers (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))..... ▶ | 71770.75 | 179402.92 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 71770.75 | 179402.92 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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 | 393.98 | 771.31 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 393.98 | 771.31 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 96000.00 | 155500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (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 | 11250.00 | 35150.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated 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)) .. | 107643.98 | 191421.31 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 107643.98 | 191421.31 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 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) | 71769.41 | 174399.27 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 71769.41 | 174399.27 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 393.98 | 771.31 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 393.98 | 771.31 |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Martin D Allen | | Date of Receipt |
| Mailing Address 7151 Whispering Oak | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Sylvania | OH | 43560 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37501 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR ManorCare Inc. | AVP / Dir Internal Aud & Risk | <input type="text" value="1153.86"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="3269.21"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Martin D Allen | | Date of Receipt |
| Mailing Address 7151 Whispering Oak | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Sylvania | OH | 43560 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37710 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR ManorCare Inc. | AVP / Dir Internal Aud & Risk | <input type="text" value="1346.17"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="4615.38"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|----------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Jeffrey R Amann | | Date of Receipt |
| Mailing Address 5100 Newton Ave. South | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Minneapolis | MN | 55419 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37502 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR ManorCare | Regional Director of Operation | <input type="text" value="258.92"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="766.64"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|------------------------------------------------------------------|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="2758.95"/> |
| 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 7 OF 100 |
| | <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. Jeffrey R Amann
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 Newton Ave. South
 City State Zip Code
 Minneapolis MN 55419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR ManorCare Regional Director of Operation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1219.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37711
 Amount of Each Receipt this Period
 453.11

B. Michael Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 N. Remington Rd.
 City State Zip Code
 Bexley OH 43209
 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 ▼
 219.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37503
 Amount of Each Receipt this Period
 69.18

C. Michael Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 N. Remington Rd.
 City State Zip Code
 Bexley OH 43209
 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 ▼
 299.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37712
 Amount of Each Receipt this Period
 80.71

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 603.00 |
| 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 8 OF 100
(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

Full Name (Last, First, Middle Initial)
A. Nancy Ayers

Mailing Address 5184 N Quail Crest Dr

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
HCR Manor Care Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
352.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37505

Amount of Each Receipt this Period
156.80

Full Name (Last, First, Middle Initial)
B. Nancy Ayers

Mailing Address 5184 N Quail Crest Dr

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
HCR Manor Care Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
509.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37714

Amount of Each Receipt this Period
156.80

Full Name (Last, First, Middle Initial)
C. Nancy Baggett

Mailing Address 34327 Jared Ct

City State Zip Code
Chesterfield MI 48047

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

Name of Employer Occupation
HCR ManorCare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37715

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 383.60

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

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 100 |
| | <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. Paul J Barber
Full Name (Last, First, Middle Initial)

Mailing Address 6240 N. Broadway

| | | |
|------------------|-------------|-------------------|
| City Freeport | State MI | Zip Code 49325 |
|------------------|-------------|-------------------|

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 ▼
599.20

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37510

Amount of Each Receipt this Period
264.11

B. Paul J Barber
Full Name (Last, First, Middle Initial)

Mailing Address 6240 N. Broadway

| | | |
|------------------|-------------|-------------------|
| City Freeport | State MI | Zip Code 49325 |
|------------------|-------------|-------------------|

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 ▼
863.31

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37717

Amount of Each Receipt this Period
264.11

C. Ms Tammy Barker
Full Name (Last, First, Middle Initial)

Mailing Address 4521 Sutton Rd

| | | |
|-----------------|-------------|-------------------|
| City Britton | State MI | Zip Code 49229 |
|-----------------|-------------|-------------------|

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

| | |
|------------------------------------------|------------------------------------------|
| Name of Employer HCR Manor Care, LLC. | Occupation AVP - Quality Support Svcs |
|------------------------------------------|------------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1079.25

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37511

Amount of Each Receipt this Period
378.00

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 906.22 |
| 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 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Ms Tammy Barker
 Full Name (Last, First, Middle Initial)
 Mailing Address 4521 Sutton Rd
 City Britton State MI Zip Code 49229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, LLC. Occupation AVP - Quality Support Svcs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1457.25**

Date of Receipt
 12 / 31 / 2013
Transaction ID : SA11AI.37718
 Amount of Each Receipt this Period
378.00

B. Jocelyn Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 169th Court NE
 City Bradenton State FL Zip Code 34212
 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 **501.84**

Date of Receipt
 12 / 31 / 2013
Transaction ID : SA11AI.37719
 Amount of Each Receipt this Period
390.32

C. L Jennifer Baron
 Full Name (Last, First, Middle Initial)
 Mailing Address 557 Jefferson St.
 City Pittsburgh State PA Zip Code 15237
 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 **240.00**

Date of Receipt
 12 / 31 / 2013
Transaction ID : SA11AI.37720
 Amount of Each Receipt this Period
70.00

| | |
|-----------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 838.32 |
| 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 OF 100 |
| | <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. Joseph Barrick
Full Name (Last, First, Middle Initial)

Mailing Address 448 Woodcrest Drive

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37514

Amount of Each Receipt this Period
200.62

B. Joseph Barrick
Full Name (Last, First, Middle Initial)

Mailing Address 448 Woodcrest Drive

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **770.94**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37721

Amount of Each Receipt this Period
200.62

C. Lynne M Bauerschmidt
Full Name (Last, First, Middle Initial)

Mailing Address 7060 Middlebury

City Lambertville State MI Zip Code 48144

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

Name of Employer HCR ManorCare Inc. Occupation Internal Training Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37516

Amount of Each Receipt this Period
210.00

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 611.24 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 100 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Lynne M Bauerschmidt | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37723 |
| Mailing Address 7060 Middlebury | | Amount of Each Receipt this Period 210.00 |
| City Lambertville | State MI | Zip Code 48144 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer HCR ManorCare Inc. | Occupation Internal Training Lead | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 810.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Theresa A Becher | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37724 |
| Mailing Address 17 Union Street | | Amount of Each Receipt this Period 70.00 |
| City Tremont | State PA | Zip Code 17981 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer HCR Manor Care, Inc. | Occupation ADNS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Ms Julie Beckert | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37518 |
| Mailing Address 3911 Buell | | Amount of Each Receipt this Period 350.00 |
| City Toledo | State OH | Zip Code 43613 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer HCR Manor Care, Inc. | Occupation Director of Marketing | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1060.00 | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 630.00 |
| 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 13 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Ms Julie Beckert
 Full Name (Last, First, Middle Initial)
 Mailing Address 3911 Buell
 City Toledo State OH Zip Code 43613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Director of Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1410.00**

Date of Receipt **12 / 31 / 2013**
Transaction ID : SA11AI.37725
 Amount of Each Receipt this Period **350.00**

B. Edward Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 4201 17th Street North
 City Texas City State TX Zip Code 77590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **411.88**

Date of Receipt **09 / 30 / 2013**
Transaction ID : SA11AI.37521
 Amount of Each Receipt this Period **205.94**

C. Edward Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 4201 17th Street North
 City Texas City State TX Zip Code 77590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **617.82**

Date of Receipt **12 / 31 / 2013**
Transaction ID : SA11AI.37727
 Amount of Each Receipt this Period **205.94**

| | |
|-----------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 761.88 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 14 OF 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. James R Bolton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2209 Bayward Blvd
 City State Zip Code
 Wilmington DE 19802
 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 ▼
 416.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37523
 Amount of Each Receipt this Period
 55.50

B. Lori Bott
 Full Name (Last, First, Middle Initial)
 Mailing Address 558 Grass Lake Road
 City State Zip Code
 Coldwater MI 49036
 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 M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37729
 Amount of Each Receipt this Period
 70.00

C. Michelle Boyle-Haughney
 Full Name (Last, First, Middle Initial)
 Mailing Address 1008 Sparrow Way
 City State Zip Code
 Breiningsville PA 18031
 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 ▼
 261.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37730
 Amount of Each Receipt this Period
 70.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.50
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|-------------------------------------------------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 15 OF 100 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Joey Lee Boyles

Mailing Address 567 Smalls Ferry Road

| | | |
|--------------------|-------------|-------------------|
| City New Castle | State PA | Zip Code 16102 |
|--------------------|-------------|-------------------|

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

| | |
|------------------------------------|-----------------------------|
| Name of Employer HCR Manor Care | Occupation Administrator |
|------------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : SA11AI.37731

Amount of Each Receipt this Period
70.00

Full Name (Last, First, Middle Initial)
B. Cheryl Q Bray

Mailing Address N 2299 Valley View Rd

| | | |
|----------------|-------------|-------------------|
| City Norway | State MI | Zip Code 49870 |
|----------------|-------------|-------------------|

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 ▼
260.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : SA11AI.37733

Amount of Each Receipt this Period
70.00

Full Name (Last, First, Middle Initial)
C. Mindy Brodie

Mailing Address 2323 South St

| | | |
|----------------------|-------------|-------------------|
| City Philadelphia | State PA | Zip Code 19146 |
|----------------------|-------------|-------------------|

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

| | |
|-----------------------------------|------------------------------------------|
| Name of Employer HCR ManorCare | Occupation Manager Market Development |
|-----------------------------------|------------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : SA11AI.37735

Amount of Each Receipt this Period
70.00

| | |
|------------------------------------------------------------------|--------|
| 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 16 OF 100
(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

Full Name (Last, First, Middle Initial)
A. David Burke

Mailing Address 425 Kingwood Rd

City State Zip Code
Linthicum Heights MD 21090

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 ▼
930.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37531

Amount of Each Receipt this Period
280.82

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

Mailing Address 425 Kingwood Rd

City State Zip Code
Linthicum Heights MD 21090

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 ▼
1200.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37736

Amount of Each Receipt this Period
269.29

Full Name (Last, First, Middle Initial)
C. Charlotte Butts Price Leonard

Mailing Address 911 Fieldstone Way

City State Zip Code
West Palm Beach FL 33413

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 ▼
612.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37533

Amount of Each Receipt this Period
217.98

SUBTOTAL of Receipts This Page (optional)..... ▶ 768.09

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

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 100 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Charlotte Butts Price Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 Fieldstone Way
 City West Palm Beach State FL Zip Code 33413
 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 ▼ 830.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37738
 Amount of Each Receipt this Period
 217.98

B. Charlie Byrne
 Full Name (Last, First, Middle Initial)
 Mailing Address 4685 Rio Poco Ct
 City Naples State FL Zip Code 34109
 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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37534
 Amount of Each Receipt this Period
 280.00

C. Shirley D Cabildo
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Bentley Court
 City Bedminster State NJ Zip Code 07921
 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 ▼ 365.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37535
 Amount of Each Receipt this Period
 134.61

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 632.59 |
| 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 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | | |
|-------------------------------------------------------------------------------------------|-------------------------------------|----------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Shirley D Cabildo | | | Date of Receipt |
| Mailing Address 38 Bentley Court | | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City | State | Zip Code | Transaction ID : SA11AI.37739 |
| Bedminster | NJ | 07921 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | <input type="text" value="134.61"/> |
| Name of Employer | Occupation | | |
| HCR ManorCare Inc. | Administrator | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="500.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|-------------------------------------------------------------------------------------------|-------------------------------------|----------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Margaret Canny | | | Date of Receipt |
| Mailing Address 4217 Frostwood Ct. | | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City | State | Zip Code | Transaction ID : SA11AI.37740 |
| Troy | MI | 48098 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | <input type="text" value="70.00"/> |
| Name of Employer | Occupation | | |
| HCR ManorCare | Assistant Administrator | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="210.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|-------------------------------------------------------------------------------------------|-------------------------------------|----------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Janet I Cantelo | | | Date of Receipt |
| Mailing Address 19219 Revere Rd. | | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City | State | Zip Code | Transaction ID : SA11AI.37537 |
| Mokena | IL | 60448 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | <input type="text" value="181.65"/> |
| Name of Employer | Occupation | | |
| HCR ManorCare | Administrator | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="519.05"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|------------------------------------------------------------------|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="386.26"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

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

FOR LINE NUMBER: PAGE 19 OF 100
(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. Janet I Cantelo
 Full Name (Last, First, Middle Initial)
 Mailing Address 19219 Revere Rd.
 City Mokena State IL Zip Code 60448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37741
 Amount of Each Receipt this Period
 181.65

B. Rachel M Cassella
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 243
 City Atwood State IL Zip Code 61913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 331.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37539
 Amount of Each Receipt this Period
 152.82

C. Rachel M Cassella
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 243
 City Atwood State IL Zip Code 61913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 509.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37743
 Amount of Each Receipt this Period
 178.29

SUBTOTAL of Receipts This Page (optional)..... ▶ 512.76
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Javier Cavero
 Full Name (Last, First, Middle Initial)
 Mailing Address 3077 N. Oakland Forest Dr. #202
 City State Zip Code
 Oakland Park FL 33309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR ManorCare Inc. Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37540
 Amount of Each Receipt this Period
 90.00

B. Javier Cavero
 Full Name (Last, First, Middle Initial)
 Mailing Address 3077 N. Oakland Forest Dr. #202
 City State Zip Code
 Oakland Park FL 33309
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37745
 Amount of Each Receipt this Period
 105.00

C. Mr. William Chenevert
 Full Name (Last, First, Middle Initial)
 Mailing Address 2018 N. Rosemary
 City State Zip Code
 Tucson AZ 85716
 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 ▼
 865.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37542
 Amount of Each Receipt this Period
 403.90

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 598.90 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 100 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 2018 N. Rosemary

City Tucson State AZ Zip Code 85716

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1269.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37746

Amount of Each Receipt this Period
 403.90

B. Jena Clifton
Full Name (Last, First, Middle Initial)

Mailing Address 2740 Springfield Road

City Broomall State PA Zip Code 19008

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

Name of Employer HCR ManorCare Occupation Assistant Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37751

Amount of Each Receipt this Period
 73.99

C. Ms Deborah Csaszar
Full Name (Last, First, Middle Initial)

Mailing Address 3715 Spear St.

City Bethlehem State PA Zip Code 18020

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

Name of Employer HCR Manor Care, Inc. Occupation Managed Care Consultant - Eastern

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37753

Amount of Each Receipt this Period
 70.00

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 547.89 |
| 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 22 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Leslie Darrow | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37551 |
| Mailing Address 1026 Treadway | | Amount of Each Receipt this Period 242.34 |
| City Munster | State IN | Zip Code 46321 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR ManorCare | Occupation Administrator |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 588.54 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Leslie Darrow | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37757 |
| Mailing Address 1026 Treadway | | Amount of Each Receipt this Period 242.34 |
| City Munster | State IN | Zip Code 46321 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR ManorCare | Occupation Administrator |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 830.88 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Melinda Dechert | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37553 |
| Mailing Address 3703 Kersten Dr | | Amount of Each Receipt this Period 120.00 |
| City San Jose | State CA | Zip Code 95124 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR ManorCare | Occupation Administrator |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 604.68 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 100 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Melinda Dechert
Full Name (Last, First, Middle Initial)

Mailing Address 3703 Kersten Dr

City San Jose State CA Zip Code 95124

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **470.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37759

Amount of Each Receipt this Period
140.00

B. Theresa DeLaine
Full Name (Last, First, Middle Initial)

Mailing Address 15021 Liberty Lane

City Philadelphia State PA Zip Code 19116

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

Name of Employer HCR ManorCare Occupation Admissions Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37554

Amount of Each Receipt this Period
48.00

C. Kathleen Dell
Full Name (Last, First, Middle Initial)

Mailing Address 5750 Belle Avenue

City Davenport State IA Zip Code 52807

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37761

Amount of Each Receipt this Period
105.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **293.00**

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 24 OF 100 |
| | <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. Robert DiFlippo
Full Name (Last, First, Middle Initial)

Mailing Address 1812 Windermere Avenue

City State Zip Code
Wilmington DE 19804

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

Name of Employer Occupation
HCR ManorCare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : SA11AI.37556

Amount of Each Receipt this Period
140.00

B. Robert DiFlippo
Full Name (Last, First, Middle Initial)

Mailing Address 1812 Windermere Avenue

City State Zip Code
Wilmington DE 19804

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

Name of Employer Occupation
HCR ManorCare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013
Transaction ID : SA11AI.37762

Amount of Each Receipt this Period
140.00

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

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 ▼
400.02

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : SA11AI.37557

Amount of Each Receipt this Period
145.08

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 425.08 |
| 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 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. David K Donin | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37763 |
| Mailing Address 11608 Everglade Court | | Amount of Each Receipt this Period 169.26 |
| City North Potomac | State MD | Zip Code 20878 |
| FEC ID number of contributing federal political committee. | C | |
| 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 ▼ 569.28 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Ms Nancy Edwards | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37559 |
| Mailing Address 9261 Lerwick Dr | | Amount of Each Receipt this Period 1346.10 |
| City Dublin | State OH | Zip Code 43017 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer HCR.ManorCare, Inc. | Occupation General Manager, Central Division | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2884.50 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Ms Nancy Edwards | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37765 |
| Mailing Address 9261 Lerwick Dr | | Amount of Each Receipt this Period 1346.10 |
| City Dublin | State OH | Zip Code 43017 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer HCR.ManorCare, Inc. | Occupation General Manager, Central Division | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4230.60 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2861.46 |
| 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 26 OF 100 |
| | <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. Linda J Emmett
Full Name (Last, First, Middle Initial)

Mailing Address 10408 Meadowlark Ct. East

City Bonney Lake State WA Zip Code 98391

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **870.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37561

Amount of Each Receipt this Period
315.00

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

Mailing Address 10408 Meadowlark Ct. East

City Bonney Lake State WA Zip Code 98391

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1185.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37767

Amount of Each Receipt this Period
315.00

C. Lisa Evans
Full Name (Last, First, Middle Initial)

Mailing Address 24013 22nd Ave West

City Bothell State WA Zip Code 98021

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

Name of Employer HCR Manor Care Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37562

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... **755.00**

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 27 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Lisa Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 24013 22nd Ave West
 City Bothell State WA Zip Code 98021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013
Transaction ID : SA11AI.37768
 Amount of Each Receipt this Period
175.00

B. Kristen Felker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1647 West Addison 3B
 City Chicago State IL Zip Code 60613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : SA11AI.37563
 Amount of Each Receipt this Period
155.70

C. Kristen Felker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1647 West Addison 3B
 City Chicago State IL Zip Code 60613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **467.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013
Transaction ID : SA11AI.37769
 Amount of Each Receipt this Period
181.65

| | |
|-----------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 512.35 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. R Michael Ferguson | | Date of Receipt |
| Mailing Address 2450 Underhill Rd | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Toledo | OH | 43615 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37564 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR ManorCare Inc. | VP & Dir of Purchasing | <input type="text" value="673.05"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="2498.10"/> | |

| | | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. R Michael Ferguson | | Date of Receipt |
| Mailing Address 2450 Underhill Rd | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Toledo | OH | 43615 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37770 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR ManorCare Inc. | VP & Dir of Purchasing | <input type="text" value="673.05"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="3171.15"/> | |

| | | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Laura L Flannigan | | Date of Receipt |
| Mailing Address 1700 Argonne Dr. | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Concord | CA | 94518 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37567 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR Manor Care, Inc. | Administrator | <input type="text" value="228.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="710.85"/> | |

| | |
|------------------------------------------------------------------|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1574.10"/> |
| 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 29 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Laura L Flannigan | | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37773 |
| Mailing Address 1700 Argonne Dr. | | | Amount of Each Receipt this Period 266.00 |
| City Concord | State CA | Zip Code 94518 | |
| FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 976.85 | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Elizabeth M Foley | | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37775 |
| Mailing Address 2313 Rockspring Rd | | | Amount of Each Receipt this Period 70.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. George Frill | | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37572 |
| Mailing Address 2006 Hale Ct | | | Amount of Each Receipt this Period 170.24 |
| City Wyomiseing | State PA | Zip Code 19610 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer HCR Manor Care, Inc. | Occupation Administrator - Laureldale | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 486.40 | | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 506.24 |
| 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 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. George Frill

Mailing Address 2006 Hale Ct

| | | |
|--------------------|-------------|-------------------|
| City Wyomiseing | State PA | Zip Code 19610 |
|--------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **656.64**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : SA11AI.37777

Amount of Each Receipt this Period

| |
|--------|
| 170.24 |
|--------|

Full Name (Last, First, Middle Initial)
B. John F Gallick

Mailing Address 392 Castle Crest Road

| | | |
|---------------|-------------|-------------------|
| City Alamo | State CA | Zip Code 94507 |
|---------------|-------------|-------------------|

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 ▼ **500.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : SA11AI.37574

Amount of Each Receipt this Period

| |
|--------|
| 175.00 |
|--------|

Full Name (Last, First, Middle Initial)
C. John F Gallick

Mailing Address 392 Castle Crest Road

| | | |
|---------------|-------------|-------------------|
| City Alamo | State CA | Zip Code 94507 |
|---------------|-------------|-------------------|

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 ▼ **675.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : SA11AI.37780

Amount of Each Receipt this Period

| |
|--------|
| 175.00 |
|--------|

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 520.24 |
| 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 31 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Ms. Sally Gates | | Date of Receipt |
| Mailing Address 2011 20th Lane | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Palm Beach Gardens | FL | 33418 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37575 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR.ManorCare, Inc. | Regional Director of Operations | <input type="text" value="175.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="500.00"/> | |

| | | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Ms. Sally Gates | | Date of Receipt |
| Mailing Address 2011 20th Lane | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Palm Beach Gardens | FL | 33418 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37781 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR.ManorCare, Inc. | Regional Director of Operations | <input type="text" value="175.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="675.00"/> | |

| | | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Mr. Gary T. Geise | | Date of Receipt |
| Mailing Address 28561 Woodland Ave | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Perrysburg | OH | 43551 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37576 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR Manor Care, Inc. | Director of Reimbursement | <input type="text" value="344.61"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="344.61"/> | |

| | |
|------------------------------------------------------------------|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="694.61"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

**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 32 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mr. Gary T. Geise
 Full Name (Last, First, Middle Initial)
 Mailing Address 28561 Woodland Ave
 City Perrysburg State OH Zip Code 43551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Director of Reimbursement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **689.22**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37782
 Amount of Each Receipt this Period
344.61

B. Delbert E Gilman
 Full Name (Last, First, Middle Initial)
 Mailing Address 18600 E Wilshire
 City Jones State OK Zip Code 73049
 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 **254.24**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37930
 Amount of Each Receipt this Period
127.12

C. Holly L Gonzales
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 Porter St
 City Easton State PA Zip Code 18042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Admissions Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **243.84**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37784
 Amount of Each Receipt this Period
64.40

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 536.13 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mr. Leonard Grabijas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2682 Ravine Side North
 City State Zip Code
 Howell MI 48843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR Manor Care, LLC. VP Sales & Mkting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1269.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37581
 Amount of Each Receipt this Period
 457.66

B. Mr. Leonard Grabijas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2682 Ravine Side North
 City State Zip Code
 Howell MI 48843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR Manor Care, LLC. VP Sales & Mkting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1726.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37786
 Amount of Each Receipt this Period
 457.66

C. Ruth G Graziano
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Elk Mills Road
 City State Zip Code
 Oxford PA 19363
 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 ▼
 1181.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37582
 Amount of Each Receipt this Period
 406.00

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1321.32 |
| 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 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|----------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Ruth G Graziano | | Date of Receipt |
| Mailing Address 503 Elk Mills Road | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Oxford | PA | 19363 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.37787 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="406.00"/> |
| Name of Employer | Occupation | |
| HCR ManorCare Inc. | Regional Director of Operation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="1587.24"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|-----------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Ms Lisa Griesmer | | Date of Receipt |
| Mailing Address 12125 Summerwood Dr | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Concord Twp | OH | 44077 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.37788 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="70.00"/> |
| Name of Employer | Occupation | |
| HCR Manor Care, LLC. | Assistant Administrator | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="270.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Mrs. Nada Grim | | Date of Receipt |
| Mailing Address 6648 Buck Creek Drive | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Maumee | OH | 43537 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.37584 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="105.00"/> |
| Name of Employer | Occupation | |
| HCR Manor Care, Inc. | Manager-Centralized Insurance Billing | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="215.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|------------------------------------------------------------------|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="581.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mrs. Nada Grim
 Full Name (Last, First, Middle Initial)
 Mailing Address 6648 Buck Creek Drive
 City Maumee State OH Zip Code 43537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Manager-Centralized Insurance Billing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37789
 Amount of Each Receipt this Period
 105.00

B. Amanda M Gronsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 544 S. Market St.
 City Paxton State IL Zip Code 60957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37585
 Amount of Each Receipt this Period
 140.52

C. Amanda M Gronsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 544 S. Market St.
 City Paxton State IL Zip Code 60957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37790
 Amount of Each Receipt this Period
 163.94

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 409.46 |
| 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 OF 100
(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. Karen Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 8250 SW 8th St
 City North Lauderdale State FL Zip Code 33068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation Assistant Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 569.37
 Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.37588
 Amount of Each Receipt this Period 336.49

B. Karen Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 8250 SW 8th St
 City North Lauderdale State FL Zip Code 33068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation Assistant Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 905.86
 Date of Receipt 12 / 31 / 2013
Transaction ID : SA11AI.37794
 Amount of Each Receipt this Period 336.49

C. Mr. Alan Hash
 Full Name (Last, First, Middle Initial)
 Mailing Address 9496 South Dunbar Circle
 City South Jordan State UT Zip Code 84095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Regional Director - Western Division 5
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1660.00
 Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.37589
 Amount of Each Receipt this Period 840.00

SUBTOTAL of Receipts This Page (optional).....▶ 1512.98
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 OF 100
(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

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

Mailing Address 9496 South 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 ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37795

Amount of Each Receipt this Period
840.00

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

Mailing Address 23636 W. Chicago St. Unit 102

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 ▼
826.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37591

Amount of Each Receipt this Period
290.50

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

Mailing Address 23636 W. Chicago St. Unit 102

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 ▼
1117.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37797

Amount of Each Receipt this Period
290.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1421.00

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 38 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Christine Cento Hernandez | | Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : SA11AI.37541 |
| Mailing Address 14711 SW 5 Street | | Amount of Each Receipt this Period 138.42 |
| City Pembroke Pines | State FL | Zip Code 33027 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer HCR ManorCare | Occupation Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.70 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Elizabeth B. Hill | | Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : SA11AI.37593 |
| Mailing Address 1285 Sunhill Drive | | Amount of Each Receipt this Period 300.00 |
| City Lawrenceville | State GA | Zip Code 30043 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer HCR.ManorCare, Inc. | Occupation Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Elizabeth B. Hill | | Date of Receipt MM / DD / YYYY 12 / 31 / 2013 Transaction ID : SA11AI.37799 |
| Mailing Address 1285 Sunhill Drive | | Amount of Each Receipt this Period 350.00 |
| City Lawrenceville | State GA | Zip Code 30043 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer HCR.ManorCare, Inc. | Occupation Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 950.00 | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 788.42 |
| 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 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Rodger J Hogan | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37595 |
| Mailing Address 101 Mercury Way | | Amount of Each Receipt this Period 120.00 |
| City Pleasant Hill | State CA | Zip Code 94523 |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ 210.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Rodger J Hogan | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37801 |
| Mailing Address 101 Mercury Way | | Amount of Each Receipt this Period 140.00 |
| City Pleasant Hill | State CA | Zip Code 94523 |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ 350.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Rebecca Hollingsead | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37596 |
| Mailing Address 558 N Hillcrest | | Amount of Each Receipt this Period 390.32 |
| City Decatur | State IL | Zip Code 62522 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer HCR Manor Care | Occupation Director Clinical Services | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1039.40 | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 650.32 |
| 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 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Rebecca Hollingsead | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37802 |
| Mailing Address 558 N Hillcrest | | Amount of Each Receipt this Period 390.32 |
| City Decatur | State IL | Zip Code 62522 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer HCR Manor Care | Occupation Director Clinical Services | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1429.72 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Kathryn Hoops | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37597 |
| Mailing Address 24708 McCutchenville Road | | Amount of Each Receipt this Period 807.66 |
| City Perrysburg | State OH | Zip Code 43551 |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ 2699.18 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Kathryn Hoops | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37803 |
| Mailing Address 24708 McCutchenville Road | | Amount of Each Receipt this Period 807.66 |
| City Perrysburg | State OH | Zip Code 43551 |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ 3506.84 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2005.64 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 41 OF 100
(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

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Ms Kate Gieroczynski Huck | | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37933 |
| Mailing Address 65 Washington St | | | Amount of Each Receipt this Period 126.90 |
| City Topton | State PA | Zip Code 19562 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 299.94 |
| Name of Employer HCR ManorCare, LLC | | Occupation Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Patricia Hudson | | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37599 |
| Mailing Address 1733 Ashfield Dr | | | Amount of Each Receipt this Period 168.00 |
| City Maumee | State OH | Zip Code 43537 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 336.00 |
| Name of Employer HCR Manor Care, Inc. | | Occupation Reg. Director of 4H | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Patricia Hudson | | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37805 |
| Mailing Address 1733 Ashfield Dr | | | Amount of Each Receipt this Period 168.00 |
| City Maumee | State OH | Zip Code 43537 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 504.00 |
| Name of Employer HCR Manor Care, Inc. | | Occupation Reg. Director of 4H | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 462.90 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Carla Davis Hughes | | Date of Receipt |
| Mailing Address 745 Washington Street #603 | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City Toledo | State OH | Zip Code 43604 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.37806 |
| Name of Employer HCR Manor Care, Inc. | | Amount of Each Receipt this Period |
| Occupation VP of Sales- Mktg - HHHH | | <input type="text" value="269.22"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="461.52"/> | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Rebecca S Jablon | | Date of Receipt |
| Mailing Address 3349 Fairbanks Ave | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City TOLEDO | State OH | Zip Code 43615 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.37601 |
| Name of Employer HCR ManorCare Inc. | | Amount of Each Receipt this Period |
| Occupation Admin Dir Of Nursing Serv | | <input type="text" value="175.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="350.00"/> | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Rebecca S Jablon | | Date of Receipt |
| Mailing Address 3349 Fairbanks Ave | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City TOLEDO | State OH | Zip Code 43615 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.37807 |
| Name of Employer HCR ManorCare Inc. | | Amount of Each Receipt this Period |
| Occupation Admin Dir Of Nursing Serv | | <input type="text" value="175.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="525.00"/> | |

| | |
|------------------------------------------------------------------|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="619.22"/> |
| 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 43 OF 100 |
| | <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. Ms Diane Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 206 Ruth Road

City Fleetwood State PA Zip Code 19522

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37810

Amount of Each Receipt this Period
420.00

B. Daniel L Johnston
Full Name (Last, First, Middle Initial)

Mailing Address 1027 N 3rd Street

City St Charles State MO Zip Code 63301

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

Name of Employer HCR ManorCare Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **253.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37606

Amount of Each Receipt this Period
253.84

C. Daniel L Johnston
Full Name (Last, First, Middle Initial)

Mailing Address 1027 N 3rd Street

City St Charles State MO Zip Code 63301

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

Name of Employer HCR ManorCare Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **698.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37812

Amount of Each Receipt this Period
444.22

| | |
|------------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1118.06 |
| 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: (check only one) | PAGE 44 OF 100 |
| | <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. Robert G Julius
Full Name (Last, First, Middle Initial)

Mailing Address 3321 Pelham Rd

| | | |
|----------------------|-------------|-------------------|
| City Ottawa Hills | State OH | Zip Code 43606 |
|----------------------|-------------|-------------------|

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

| | |
|------------------------------------------|-------------------------------------------------|
| Name of Employer HCR Manor Care, Inc. | Occupation Mgr. Business Office Process Dev. |
|------------------------------------------|-------------------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1086.65

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : SA11AI.37608

Amount of Each Receipt this Period
403.90

B. Robert G Julius
Full Name (Last, First, Middle Initial)

Mailing Address 3321 Pelham Rd

| | | |
|----------------------|-------------|-------------------|
| City Ottawa Hills | State OH | Zip Code 43606 |
|----------------------|-------------|-------------------|

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

| | |
|------------------------------------------|-------------------------------------------------|
| Name of Employer HCR Manor Care, Inc. | Occupation Mgr. Business Office Process Dev. |
|------------------------------------------|-------------------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1490.55

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : SA11AI.37814

Amount of Each Receipt this Period
403.90

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

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 ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : SA11AI.37609

Amount of Each Receipt this Period
350.00

| | |
|-----------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1157.80 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | | |
|-------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Elizabeth M Kaczor | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37815 |
| Mailing Address 1689 Rauch Rd | | | Amount of Each Receipt this Period 350.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 750.00 | | | |

| | | | |
|-------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Linda Karling-Lott | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37612 |
| Mailing Address 4361 Conrwallis Ct | | | Amount of Each Receipt this Period 211.80 |
| City Marietta | State GA | Zip Code 30068 | |
| FEC ID number of contributing federal political committee. C | | 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 ▼ 655.10 | | | |

| | | | |
|-------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Linda Karling-Lott | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37818 |
| Mailing Address 4361 Conrwallis Ct | | | Amount of Each Receipt this Period 247.10 |
| City Marietta | State GA | Zip Code 30068 | |
| FEC ID number of contributing federal political committee. C | | 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 ▼ 902.20 | | | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 808.90 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 100 |
| | <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. Rodney S Keefer
Full Name (Last, First, Middle Initial)
Mailing Address 15126 Ridgeview Dr
City Clive State IA Zip Code 50325
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 ▼ 400.00

Date of Receipt
09 / 30 / 2013
Transaction ID : SA11AI.37613
Amount of Each Receipt this Period
140.00

B. Rodney S Keefer
Full Name (Last, First, Middle Initial)
Mailing Address 15126 Ridgeview Dr
City Clive State IA Zip Code 50325
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 ▼ 540.00

Date of Receipt
12 / 31 / 2013
Transaction ID : SA11AI.37819
Amount of Each Receipt this Period
140.00

C. Carol M Keiser
Full Name (Last, First, Middle Initial)
Mailing Address 132 Regent St.
City Wilkes Barre State PA Zip Code 18702
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation Director of Nursing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 233.10

Date of Receipt
12 / 31 / 2013
Transaction ID : SA11AI.37820
Amount of Each Receipt this Period
116.55

SUBTOTAL of Receipts This Page (optional)..... ▶ 396.55
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 47 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Kimberly Kenyon | | Date of Receipt MM / DD / YYYY 12 / 31 / 2013 Transaction ID : SA11AI.37821 |
| Mailing Address 6857 Northbeech Court | | Amount of Each Receipt this Period 70.00 |
| City Hudsonville | State MI | Zip Code 49426 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer HCR ManorCare | Occupation Manager Market Development | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Vivian Kiraly | | Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : SA11AI.37616 |
| Mailing Address 4254 Waterbend Drive West | | Amount of Each Receipt this Period 210.00 |
| City Maumee | State OH | Zip Code 43537 |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ 587.50 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Vivian Kiraly | | Date of Receipt MM / DD / YYYY 12 / 31 / 2013 Transaction ID : SA11AI.37822 |
| Mailing Address 4254 Waterbend Drive West | | Amount of Each Receipt this Period 210.00 |
| City Maumee | State OH | Zip Code 43537 |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ 797.50 | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 490.00 |
| 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 48 OF 100 |
| | <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. Mark Kruzel
Full Name (Last, First, Middle Initial)

Mailing Address 26215 Black Oak Ct

City Perrysburg State OH Zip Code 43551

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

Name of Employer HCR ManorCare Occupation Accounting Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37620

Amount of Each Receipt this Period
140.00

Contribution

B. Mark Kruzel
Full Name (Last, First, Middle Initial)

Mailing Address 26215 Black Oak Ct

City Perrysburg State OH Zip Code 43551

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

Name of Employer HCR ManorCare Occupation Accounting Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37826

Amount of Each Receipt this Period
140.00

Contribution

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

Mailing Address 3006 Wild Run Road

City Pennsburg State PA Zip Code 18073

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37828

Amount of Each Receipt this Period
70.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **350.00**

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 49 OF 100 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Mr. Elliot Lekawa | | Date of Receipt |
| Mailing Address 13690 Highland Springs Ct | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City State Zip Code Wichita KS 67235 | | Transaction ID : SA11AI.37623 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="296.10"/> |
| Name of Employer HCR Manor Care, LLC. | Occupation RDO | Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="592.20"/> | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Mr. Elliot Lekawa | | Date of Receipt |
| Mailing Address 13690 Highland Springs Ct | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City State Zip Code Wichita KS 67235 | | Transaction ID : SA11AI.37829 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="296.10"/> |
| Name of Employer HCR Manor Care, LLC. | Occupation RDO | Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="888.30"/> | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Ryan Locy | | Date of Receipt |
| Mailing Address 1425 Cody Parkway Apt. D | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City State Zip Code Platteville WI 53818 | | Transaction ID : SA11AI.37624 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="153.30"/> |
| Name of Employer HCR ManorCare | Occupation Administrator | Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="265.20"/> | |

| | |
|------------------------------------------------------------------|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="745.50"/> |
| 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 50 OF 100
(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

Full Name (Last, First, Middle Initial)
A. Ryan Locy

Mailing Address 1425 Cody Parkway Apt. D

City State Zip Code
Platteville WI 53818

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

Name of Employer Occupation
HCR ManorCare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37830

Amount of Each Receipt this Period
153.30

Contribution

Full Name (Last, First, Middle Initial)
B. Mr. Richard Louwaert

Mailing Address PO Box 152

City State Zip Code
Decatur MI 49045

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

Name of Employer Occupation
HCR Manor Care, LLC. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37625

Amount of Each Receipt this Period
140.00

Contribution

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

Mailing Address PO Box 152

City State Zip Code
Decatur MI 49045

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

Name of Employer Occupation
HCR Manor Care, LLC. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37831

Amount of Each Receipt this Period
140.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.30

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 51 OF 100 |
| | <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. Diane Lube
Full Name (Last, First, Middle Initial)

Mailing Address 1830 Essex Pl

City Downers Grove State IL Zip Code 60516

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 ▼ **354.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37626

Amount of Each Receipt this Period
159.20

Contribution

B. Diane Lube
Full Name (Last, First, Middle Initial)

Mailing Address 1830 Essex Pl

City Downers Grove State IL Zip Code 60516

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 ▼ **459.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37832

Amount of Each Receipt this Period
105.00

Contribution

C. Wayne Lucey
Full Name (Last, First, Middle Initial)

Mailing Address 7511 78th ST NE

City Marysville State WA Zip Code 98270

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

Name of Employer HCR ManorCare Occupation Admin Dir Of Nursing Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **292.16**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37628

Amount of Each Receipt this Period
54.78

Contribution

SUBTOTAL of Receipts This Page (optional)..... **318.98**

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 52 OF 100 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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. Linda Mason
Full Name (Last, First, Middle Initial)

Mailing Address 3126 Diehn Ave

City Davenport State IA Zip Code 52802

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
12 / 31 / 2013
Transaction ID : SA11AI.37836

Amount of Each Receipt this Period
80.00

Contribution

B. Frances Mastel
Full Name (Last, First, Middle Initial)

Mailing Address 1807 Derian Drive

City Aberdeen State SD Zip Code 57401

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 ▼ 335.00

Date of Receipt
09 / 30 / 2013
Transaction ID : SA11AI.37632

Amount of Each Receipt this Period
105.00

Contribution

C. Frances Mastel
Full Name (Last, First, Middle Initial)

Mailing Address 1807 Derian Drive

City Aberdeen State SD Zip Code 57401

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 ▼ 440.00

Date of Receipt
12 / 31 / 2013
Transaction ID : SA11AI.37837

Amount of Each Receipt this Period
105.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 290.00

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 53 OF 100
(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. Ms. Janet Mastrangelo (Howells)
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 Crossing Creek North
 City State Zip Code
 Gahanna OH 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR.ManorCare, Inc. Assistant Vice President of Rehab
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37633
 Amount of Each Receipt this Period
 539.00
 Contribution

B. Ms. Janet Mastrangelo (Howells)
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 Crossing Creek North
 City State Zip Code
 Gahanna OH 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR.ManorCare, Inc. Assistant Vice President of Rehab
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2079.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37838
 Amount of Each Receipt this Period
 539.00
 Contribution

C. Jill Matelan
 Full Name (Last, First, Middle Initial)
 Mailing Address 312 N. Franklin St
 City State Zip Code
 Fleetwood PA 19522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR Manor Care, Inc Administrator - Sinking Spring
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 577.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37634
 Amount of Each Receipt this Period
 203.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 1281.00
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 54 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Jill Matelan | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37839 |
| Mailing Address 312 N. Franklin St | | | Amount of Each Receipt this Period 203.00 |
| City Fleetwood | State PA | Zip Code 19522 | Contribution |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer HCR Manor Care, Inc | Occupation Administrator - Sinking Spring | Contribution | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 780.24 | Contribution | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Laurie A McCullough-Benner | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37636 |
| Mailing Address 371 Colonial Lane | | | Amount of Each Receipt this Period 369.24 |
| City Dayton | State OH | Zip Code 45429 | Contribution |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer HCR ManorCare | Occupation Regional Director of Operations | Contribution | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1051.24 | Contribution | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Laurie A McCullough-Benner | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37841 |
| Mailing Address 371 Colonial Lane | | | Amount of Each Receipt this Period 246.16 |
| City Dayton | State OH | Zip Code 45429 | Contribution |
| FEC ID number of contributing federal political committee. C | | Contribution | |
| Name of Employer HCR ManorCare | Occupation Regional Director of Operations | Contribution | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1297.40 | Contribution | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 818.40 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. William J McDaniel II | | Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : SA11AI.37637 |
| Mailing Address 3249 Morningdale Dr | | Amount of Each Receipt this Period 315.00 |
| City Mt. Pleasant | State SC | Zip Code 29466 |
| FEC ID number of contributing federal political committee. C | Contribution | |
| 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 ▼ 585.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. William J McDaniel II | | Date of Receipt MM / DD / YYYY 12 / 31 / 2013 Transaction ID : SA11AI.37842 |
| Mailing Address 3249 Morningdale Dr | | Amount of Each Receipt this Period 315.00 |
| City Mt. Pleasant | State SC | Zip Code 29466 |
| FEC ID number of contributing federal political committee. C | Contribution | |
| 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 ▼ 900.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Murry Mercier | | Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : SA11AI.37639 |
| Mailing Address 7110 Oak Bluff Lane | | Amount of Each Receipt this Period 1330.00 |
| City Maumee | State OH | Zip Code 43537 |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer HCR Manor Care, Inc. | Occupation VP - Information Systems | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3250.70 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1960.00 |
| 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 56 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Murry Mercier | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37844 |
| Mailing Address 7110 Oak Bluff Lane | | Amount of Each Receipt this Period 1330.00 |
| City Maumee | State OH | Zip Code 43537 |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer HCR Manor Care, Inc. | Occupation VP - Information Systems | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4580.70 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Stacy H Mesaros | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37640 |
| Mailing Address 1304 234th Pl | | Amount of Each Receipt this Period 90.00 |
| City Des Moines | State WA | Zip Code 98198 |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer HCR ManorCare Inc. | Occupation Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 285.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Stacy H Mesaros | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37845 |
| Mailing Address 1304 234th Pl | | Amount of Each Receipt this Period 15.00 |
| City Des Moines | State WA | Zip Code 98198 |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer HCR ManorCare Inc. | Occupation Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1435.00 |
| 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 57 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Daniel J Mikus | | Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : SA11AI.37641 |
| Mailing Address 809 Oak Avenue | | Amount of Each Receipt this Period 87.50 |
| City Linwood | State NJ | Zip Code 08221 |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer HCR ManorCare | Occupation Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 246.60 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Daniel J Mikus | | Date of Receipt MM / DD / YYYY 12 / 31 / 2013 Transaction ID : SA11AI.37846 |
| Mailing Address 809 Oak Avenue | | Amount of Each Receipt this Period 87.50 |
| City Linwood | State NJ | Zip Code 08221 |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer HCR ManorCare | Occupation Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 334.10 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Debra Miles | | Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : SA11AI.37642 |
| Mailing Address 7448 Hickory Valley Drive | | Amount of Each Receipt this Period 368.83 |
| City Maumee | State OH | Zip Code 43537 |
| FEC ID number of contributing federal political committee. C | Contribution | |
| Name of Employer HCR ManorCare Inc. | Occupation AVP & Director of Accounting | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1015.35 | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 543.83 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 100 |
| | <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. Debra Miles
Full Name (Last, First, Middle Initial)
Mailing Address 7448 Hickory Valley Drive

| | | |
|----------------|-------------|-------------------|
| City Maumee | State OH | Zip Code 43537 |
|----------------|-------------|-------------------|

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

| | |
|----------------------------------------|--------------------------------------------|
| Name of Employer HCR ManorCare Inc. | Occupation AVP & Director of Accounting |
|----------------------------------------|--------------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1384.18

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : SA11AI.37847

Amount of Each Receipt this Period
368.83

Contribution

B. Scott Miller
Full Name (Last, First, Middle Initial)
Mailing Address 198 Old Mill Drive

| | | |
|-------------------|-------------|-------------------|
| City Langhorne | State PA | Zip Code 19047 |
|-------------------|-------------|-------------------|

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

| | |
|----------------------------------------|--------------------------------|
| Name of Employer HCR ManorCare Inc. | Occupation Sr Administrator |
|----------------------------------------|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
785.28

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : SA11AI.37643

Amount of Each Receipt this Period
317.28

Contribution

C. Scott Miller
Full Name (Last, First, Middle Initial)
Mailing Address 198 Old Mill Drive

| | | |
|-------------------|-------------|-------------------|
| City Langhorne | State PA | Zip Code 19047 |
|-------------------|-------------|-------------------|

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

| | |
|----------------------------------------|--------------------------------|
| Name of Employer HCR ManorCare Inc. | Occupation Sr Administrator |
|----------------------------------------|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1155.44

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : SA11AI.37848

Amount of Each Receipt this Period
370.16

Contribution

| | |
|-----------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1056.27 |
| 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 59 OF 100 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mr. Tom Myers
Full Name (Last, First, Middle Initial)

Mailing Address 24927 Prairie Crossing

City Perrysburg State OH Zip Code 43551

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **515.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : SA11AI.37648

Amount of Each Receipt this Period **182.00**

B. Mr. Tom Myers
Full Name (Last, First, Middle Initial)

Mailing Address 24927 Prairie Crossing

City Perrysburg State OH Zip Code 43551

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **697.00**

Date of Receipt **12 / 31 / 2013**

Transaction ID : SA11AI.37853

Amount of Each Receipt this Period **182.00**

C. Stacy Nies
Full Name (Last, First, Middle Initial)

Mailing Address 178 Pheasant Drive

City Fond du Lac State WI Zip Code 54935

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 ▼ **260.00**

Date of Receipt **12 / 31 / 2013**

Transaction ID : SA11AI.37855

Amount of Each Receipt this Period **70.00**

SUBTOTAL of Receipts This Page (optional)..... **434.00**

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 60 OF 100 |
| | <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. Nashika T O'Gilvie
Full Name (Last, First, Middle Initial)

Mailing Address 1823 N. Congress Ave

| | | |
|-------------------------|-------------|-------------------|
| City West Palm Beach | State FL | Zip Code 33401 |
|-------------------------|-------------|-------------------|

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 ▼
401.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : SA11AI.37654

Amount of Each Receipt this Period
115.99

B. Nashika T O'Gilvie
Full Name (Last, First, Middle Initial)

Mailing Address 1823 N. Congress Ave

| | | |
|-------------------------|-------------|-------------------|
| City West Palm Beach | State FL | Zip Code 33401 |
|-------------------------|-------------|-------------------|

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 ▼
517.59

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : SA11AI.37857

Amount of Each Receipt this Period
115.99

C. Eric O'Neill
Full Name (Last, First, Middle Initial)

Mailing Address 4009 East Braeburn Dr

| | | |
|------------------|-------------|-------------------|
| City Appleton | State WI | Zip Code 54913 |
|------------------|-------------|-------------------|

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

| | |
|-----------------------------------|----------------------------------------------|
| Name of Employer HCR ManorCare | Occupation Regional Director of Operation |
|-----------------------------------|----------------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
589.61

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : SA11AI.37658

Amount of Each Receipt this Period
280.00

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 511.98 |
| 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 61 OF 100
(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

Full Name (Last, First, Middle Initial)
A. Eric O'Neill

Mailing Address 4009 East Braeburn Dr

City Appleton State WI Zip Code 54913

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

Name of Employer HCR ManorCare Occupation Regional Director of Operation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **869.61**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37858

Amount of Each Receipt this Period
280.00

Full Name (Last, First, Middle Initial)
B. Ms Olivia O'Nest

Mailing Address 191 Foxhill Ln

City Perrysburg State OH Zip Code 43551

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

Name of Employer HCR Manor Care, LLC. Occupation DDOS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37659

Amount of Each Receipt this Period
105.00

Full Name (Last, First, Middle Initial)
c. Ms Olivia O'Nest

Mailing Address 191 Foxhill Ln

City Perrysburg State OH Zip Code 43551

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

Name of Employer HCR Manor Care, LLC. Occupation DDOS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37859

Amount of Each Receipt this Period
105.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **490.00**

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 62 OF 100 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Ms Leslie Ohm
Full Name (Last, First, Middle Initial)
Mailing Address 12331 South 71st Avenue
City Palos Heights State IL Zip Code 60463
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR.ManorCare, Inc. Occupation Regional Director of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1325.62

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.37655
Amount of Each Receipt this Period 488.81

B. Ms Leslie Ohm
Full Name (Last, First, Middle Initial)
Mailing Address 12331 South 71st Avenue
City Palos Heights State IL Zip Code 60463
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR.ManorCare, Inc. Occupation Regional Director of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1814.43

Date of Receipt 12 / 31 / 2013
Transaction ID : SA11AI.37935
Amount of Each Receipt this Period 488.81

C. Ms. Annette Orlowski
Full Name (Last, First, Middle Initial)
Mailing Address 2664 Heytman Dr
City Lansing State IA Zip Code 52151
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR.ManorCare, Inc. Occupation Director, Clinical Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1315.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.37660
Amount of Each Receipt this Period 469.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1446.62
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Ms. Annette Orłowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 2664 Heytman Dr
 City Lansing State IA Zip Code 52151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR.ManorCare, Inc. Occupation Director, Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1784.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37860
 Amount of Each Receipt this Period
 469.00

B. Mr. James Pagoaga
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Winding Creek Drive
 City Sylvania State OH Zip Code 43560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR.ManorCare, Inc. Occupation Vice President, Rehabilitation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37861
 Amount of Each Receipt this Period
 1346.17

C. Mr. James Pagoaga
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Winding Creek Drive
 City Sylvania State OH Zip Code 43560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR.ManorCare, Inc. Occupation Vice President, Rehabilitation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37861
 Amount of Each Receipt this Period
 1346.17

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3161.34 |
| 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: (check only one) | PAGE 64 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Nadja Papillon

Mailing Address 5044 NW 90th Terrace

City State Zip Code
Coral Springs FL 33067

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

Name of Employer Occupation
HCR ManorCare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
356.07

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : SA11AI.37662

Amount of Each Receipt this Period
191.73

Full Name (Last, First, Middle Initial)
B. Nadja Papillon

Mailing Address 5044 NW 90th Terrace

City State Zip Code
Coral Springs FL 33067

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

Name of Employer Occupation
HCR ManorCare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
547.80

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013
Transaction ID : SA11AI.37862

Amount of Each Receipt this Period
191.73

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

Mailing Address 2154 Tremont Road

City State Zip Code
Columbus OH 43212

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1274.91

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : SA11AI.37663

Amount of Each Receipt this Period
686.49

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1069.95 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Mr. David Parker | | Date of Receipt |
| Mailing Address 2154 Tremont Road | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Columbus | OH | 43212 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37864 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR.ManorCare, Inc. | VP Assistant General Manager | <input type="text" value="686.49"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1961.40"/> | |

| | | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Tracy L Peterson | | Date of Receipt |
| Mailing Address 6865 Poplar Drive | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Ypsilanti | MI | 48197 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37865 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR ManorCare | Administrator | <input type="text" value="147.35"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="421.00"/> | |

| | | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Tracy L Peterson | | Date of Receipt |
| Mailing Address 6865 Poplar Drive | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Ypsilanti | MI | 48197 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37866 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR ManorCare | Administrator | <input type="text" value="147.35"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="568.35"/> | |

| | |
|------------------------------------------------------------------|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="981.19"/> |
| 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 66 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Louna Philippe Pierre | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37867 |
| Mailing Address 4170 Inverrary Drive Apt 211 | | Amount of Each Receipt this Period 105.21 |
| City Lauderhill | State FL | Zip Code 33319 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer HCR ManorCare | Occupation Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.54 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Clifton J Porter II | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37867 |
| Mailing Address 3929 Azalea Circle | | Amount of Each Receipt this Period 700.00 |
| City Maumee | State OH | Zip Code 43537 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer HCR ManorCare Inc. | Occupation AVP^ Government Relations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Clifton J Porter II | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37868 |
| Mailing Address 3929 Azalea Circle | | Amount of Each Receipt this Period 700.00 |
| City Maumee | State OH | Zip Code 43537 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer HCR ManorCare Inc. | Occupation AVP^ Government Relations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1505.21 |
| 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 67 OF 100 |
| | <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. Douglas M Postlewait
 Full Name (Last, First, Middle Initial)
 Mailing Address 656 Wilson Ave SW
 City Grand Rapids State MI Zip Code 49534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 759.90

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37668
 Amount of Each Receipt this Period
 268.17

B. Douglas M Postlewait
 Full Name (Last, First, Middle Initial)
 Mailing Address 656 Wilson Ave SW
 City Grand Rapids State MI Zip Code 49534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1028.07

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37869
 Amount of Each Receipt this Period
 268.17

C. Jessica Prescott
 Full Name (Last, First, Middle Initial)
 Mailing Address 6532 Raintree Ct.
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Admissions Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.98

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37669
 Amount of Each Receipt this Period
 94.22

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 630.56 |
| 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: (check only one) | PAGE 68 OF 100 |
| | <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. Jessica Prescott
Full Name (Last, First, Middle Initial)
Mailing Address 6532 Raintree Ct.
City Canton State MI Zip Code 48187
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Occupation Admissions Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 305.20

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013
Transaction ID : SA11AI.37870
Amount of Each Receipt this Period 94.22
Contribution

B. Mrs. Mary T. Reagan
Full Name (Last, First, Middle Initial)
Mailing Address 925 Main Street
City Bethlehem State PA Zip Code 18018
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation Administrator - Easton
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2013
Transaction ID : SA11AI.37450
Amount of Each Receipt this Period 250.00
Contribution

C. Barbara Reigel
Full Name (Last, First, Middle Initial)
Mailing Address 112 Center Street
City Bridgeport State PA Zip Code 19405
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation Mobile ADNS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 277.90

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : SA11AI.37670
Amount of Each Receipt this Period 93.80
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 438.02
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 69 OF 100
(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

Full Name (Last, First, Middle Initial)
A. Barbara Reigel

Mailing Address 112 Center Street

City State Zip Code
Bridgeport PA 19405

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

Name of Employer Occupation
HCR Manor Care, Inc. Mobile ADNS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
409.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37871

Amount of Each Receipt this Period
131.32

Full Name (Last, First, Middle Initial)
B. Patricia B Richards

Mailing Address P.O. Box 754

City State Zip Code
Shady Spring WV 25918

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

Name of Employer Occupation
HCR Manor Care, Inc. Area Human Resource Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
699.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37871

Amount of Each Receipt this Period
246.33

Full Name (Last, First, Middle Initial)
C. Patricia B Richards

Mailing Address P.O. Box 754

City State Zip Code
Shady Spring WV 25918

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

Name of Employer Occupation
HCR Manor Care, Inc. Area Human Resource Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
945.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37872

Amount of Each Receipt this Period
246.33

SUBTOTAL of Receipts This Page (optional)..... ▶ **623.98**

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

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 70 OF 100 |
| | <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. Darlene Rocco
Full Name (Last, First, Middle Initial)
Mailing Address 8011 Laketowne Ct
City Severn State MD Zip Code 21144
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2013
Transaction ID : SA11AI.37936
Amount of Each Receipt this Period
70.00

B. Damian M Rodgers
Full Name (Last, First, Middle Initial)
Mailing Address 4647 Calico Court
City Monclova State OH Zip Code 43542
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 ▼ 840.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : SA11AI.37673
Amount of Each Receipt this Period
294.00

C. Damian M Rodgers
Full Name (Last, First, Middle Initial)
Mailing Address 4647 Calico Court
City Monclova State OH Zip Code 43542
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 ▼ 1134.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2013
Transaction ID : SA11AI.37937
Amount of Each Receipt this Period
294.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 658.00
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 71 OF 100 |
| | <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. David R Roth
Full Name (Last, First, Middle Initial)

Mailing Address 5257 Bentwood Drive

City Mason State OH Zip Code 45040

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

Name of Employer HCR ManorCare Inc. Occupation Director Of Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1027.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37675

Amount of Each Receipt this Period
360.50

B. David R Roth
Full Name (Last, First, Middle Initial)

Mailing Address 5257 Bentwood Drive

City Mason State OH Zip Code 45040

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

Name of Employer HCR ManorCare Inc. Occupation Director Of Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1388.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37873

Amount of Each Receipt this Period
360.50

C. Mr. Rick Rump
Full Name (Last, First, Middle Initial)

Mailing Address 2423 Heather Glen

City Maumee State OH Zip Code 43537

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

Name of Employer HCR.ManorCare, Inc. Occupation Director of Corporate Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1134.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37676

Amount of Each Receipt this Period
397.11

| | |
|------------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1118.11 |
| 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 72 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Mr. Rick Rump | | Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37874 |
| Mailing Address 2423 Heather Glen | | Amount of Each Receipt this Period 397.11 |
| City Maumee | State OH | Zip Code 43537 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR.ManorCare, Inc. | Occupation Director of Corporate Communications |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1531.83 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Elizabeth Runser | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37677 |
| Mailing Address 216 Drake Circle | | Amount of Each Receipt this Period 93.08 |
| City Cranberry Twp. | State PA | Zip Code 16066 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR ManorCare | Occupation Administrator |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 298.09 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Elizabeth Runser | | Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37876 |
| Mailing Address 216 Drake Circle | | Amount of Each Receipt this Period 70.00 |
| City Cranberry Twp. | State PA | Zip Code 16066 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR ManorCare | Occupation Administrator |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 368.09 | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 560.19 |
| 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 73 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mary Jane Ruppert
 Full Name (Last, First, Middle Initial)
 Mailing Address 603 North Blackhoof St.
 City Wapakoneta State OH Zip Code 45895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Sr Dir 4H Compliance and Edu
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 826.53

Date of Receipt
 09 / 30 / 2013
Transaction ID : SA11AI.37678
 Amount of Each Receipt this Period
 291.27

B. Mary Jane Ruppert
 Full Name (Last, First, Middle Initial)
 Mailing Address 603 North Blackhoof St.
 City Wapakoneta State OH Zip Code 45895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Sr Dir 4H Compliance and Edu
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1117.80

Date of Receipt
 12 / 31 / 2013
Transaction ID : SA11AI.37877
 Amount of Each Receipt this Period
 291.27

C. Deborah Schlosser
 Full Name (Last, First, Middle Initial)
 Mailing Address 2432 21st Street
 City Wyandotte State MI Zip Code 48192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Regional Director of Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 473.62

Date of Receipt
 09 / 30 / 2013
Transaction ID : SA11AI.37679
 Amount of Each Receipt this Period
 33.83

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 616.37 |
| 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: (check only one) | PAGE 74 OF 100 |
| | <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. Mr. Mark Schroepfer
Full Name (Last, First, Middle Initial)

Mailing Address 2328 Bonnie Brae

City Santa Ana State CA Zip Code 92706

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 ▼ **475.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37680

Amount of Each Receipt this Period
150.00

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

Mailing Address 2328 Bonnie Brae

City Santa Ana State CA Zip Code 92706

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37878

Amount of Each Receipt this Period
175.00

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

Mailing Address 304 Adriana Court

City Northhampton State PA Zip Code 18067

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 ▼ **511.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37681

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **500.00**

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 75 OF 100 |
| | <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. Mr. Edward Schuch
Full Name (Last, First, Middle Initial)

Mailing Address 304 Adriana Court

City Northhampton State PA Zip Code 18067

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 ▼ **686.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37879

Amount of Each Receipt this Period
175.00

B. James Seiwert
Full Name (Last, First, Middle Initial)

Mailing Address 5 Zachary Circle

City Waterville State OH Zip Code 43566

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

Name of Employer HCR ManorCare Occupation Business Office Proc Special

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37683

Amount of Each Receipt this Period
84.00

C. James Seiwert
Full Name (Last, First, Middle Initial)

Mailing Address 5 Zachary Circle

City Waterville State OH Zip Code 43566

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

Name of Employer HCR ManorCare Occupation Business Office Proc Special

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37882

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **343.00**

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 76 OF 100 |
| | <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. Mr. Richard Shook
Full Name (Last, First, Middle Initial)

Mailing Address 8968 Weddel

City Taylor State MI Zip Code 48180

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 ▼ 260.00

Date of Receipt 12 / 31 / 2013
Transaction ID : SA11AI.37884

Amount of Each Receipt this Period 70.00

B. Julie Skubal
Full Name (Last, First, Middle Initial)

Mailing Address 420 Tamarac Trace

City Platteville State WI Zip Code 53818

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

Name of Employer HCR ManorCare Occupation Rehabilitation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.78

Date of Receipt 12 / 31 / 2013
Transaction ID : SA11AI.37885

Amount of Each Receipt this Period 134.89

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

Mailing Address 3521 Cedar Creek Court

City Maumee State OH Zip Code 43537

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

Name of Employer HCR.ManorCare, Inc. Occupation Vice President, Director Clinical Serv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1695.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.37688

Amount of Each Receipt this Period 539.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 743.89

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 77 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Ms Joyce Louise Smith | | Date of Receipt |
| Mailing Address 3521 Cedar Creek Court | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Maumee | OH | 43537 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37886 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR.ManorCare, Inc. | Vice President, Director Clinical Serv | <input type="text" value="539.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="2234.00"/> | |

| | | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Jennifer M Snider | | Date of Receipt |
| Mailing Address 824 S Genoa Clay Center Rd | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Genoa | OH | 43430 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37887 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR ManorCare LLC | Managed Care Manager - CBO | <input type="text" value="88.90"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="266.70"/> | |

| | | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. David W Snyder Jr | | Date of Receipt |
| Mailing Address 3117 Terry Dr. SE | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Cedar Rapids | IA | 52403 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.37690 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR ManorCare Inc. | Administrator | <input type="text" value="90.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="210.00"/> | |

| | |
|------------------------------------------------------------------|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="717.90"/> |
| 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 78 OF 100 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 571 Dorado Dr

| | | |
|------------------|-------------|-------------------|
| City Fairborn | State OH | Zip Code 45324 |
|------------------|-------------|-------------------|

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

| | |
|------------------------------------------|---------------------------------------------|
| Name of Employer HCR Manor Care, LLC. | Occupation Employee Relations Consultant |
|------------------------------------------|---------------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : SA11AI.37691

Amount of Each Receipt this Period
140.00

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

Mailing Address 571 Dorado Dr

| | | |
|------------------|-------------|-------------------|
| City Fairborn | State OH | Zip Code 45324 |
|------------------|-------------|-------------------|

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

| | |
|------------------------------------------|---------------------------------------------|
| Name of Employer HCR Manor Care, LLC. | Occupation Employee Relations Consultant |
|------------------------------------------|---------------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2013 |

Transaction ID : SA11AI.37889

Amount of Each Receipt this Period
140.00

Full Name (Last, First, Middle Initial)
c. Sherri L Stoltzfus

Mailing Address 119 East Manor Dr.

| | | |
|----------------|-------------|-------------------|
| City Lititz | State PA | Zip Code 17543 |
|----------------|-------------|-------------------|

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 ▼
449.80

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : SA11AI.37692

Amount of Each Receipt this Period
158.27

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 438.27 |
| 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 79 OF 100 |
| | <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. Sherri L Stoltzfus
Full Name (Last, First, Middle Initial)

Mailing Address 119 East Manor Dr.

City Lititz State PA Zip Code 17543

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 ▼ **517.63**

Date of Receipt **12 / 31 / 2013**

Transaction ID : SA11AI.37890

Amount of Each Receipt this Period **67.83**

B. Gerryann Stolzenburg
Full Name (Last, First, Middle Initial)

Mailing Address 3730 LaPlante Road

City Monclova State OH Zip Code 43542

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

Name of Employer HCR ManorCare Occupation Regional Director of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : SA11AI.37693

Amount of Each Receipt this Period **140.00**

C. Gerryann Stolzenburg
Full Name (Last, First, Middle Initial)

Mailing Address 3730 LaPlante Road

City Monclova State OH Zip Code 43542

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

Name of Employer HCR ManorCare Occupation Regional Director of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **12 / 31 / 2013**

Transaction ID : SA11AI.37891

Amount of Each Receipt this Period **140.00**

SUBTOTAL of Receipts This Page (optional)..... **347.83**

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 80 OF 100
(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

Full Name (Last, First, Middle Initial)
A. Colette Storck

Mailing Address 28490 Wynikako Ave

City Millsboro State DE Zip Code 19966

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

Name of Employer HCR Manor Care, LLC. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37694

Amount of Each Receipt this Period
181.68

Full Name (Last, First, Middle Initial)
B. Colette Storck

Mailing Address 28490 Wynikako Ave

City Millsboro State DE Zip Code 19966

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

Name of Employer HCR Manor Care, LLC. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **753.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.37892

Amount of Each Receipt this Period
211.96

Full Name (Last, First, Middle Initial)
C. Mr. Eric Talbert

Mailing Address 7231 Stonewater Ct

City Maumee State OH Zip Code 43537

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.37696

Amount of Each Receipt this Period
280.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **673.64**

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

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 81 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Mr. Eric Talbert | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37894 |
| Mailing Address 7231 Stonewater Ct | | Amount of Each Receipt this Period 280.00 |
| City Maumee | State OH | Zip Code 43537 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR Manor Care, Inc. | Occupation Div. Director of Operations Support |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 940.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Cyndi K Taplin | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2013 Transaction ID : SA11AI.37697 |
| Mailing Address 5023 W. 59th St | | Amount of Each Receipt this Period 420.00 |
| City Davenport | State IA | Zip Code 52806 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR Manor Care, Inc. | Occupation Regional Director of Ops |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1301.52 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Cyndi K Taplin | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.37895 |
| Mailing Address 5023 W. 59th St | | Amount of Each Receipt this Period 120.00 |
| City Davenport | State IA | Zip Code 52806 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR Manor Care, Inc. | Occupation Regional Director of Ops |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1421.52 | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 820.00 |
| 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 82 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Rami Ubaydi
 Full Name (Last, First, Middle Initial)
 Mailing Address 6519 Chatham Circle
 City Rochester Hills State MI Zip Code 48306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Regional Director of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1461.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37701
 Amount of Each Receipt this Period
 511.56

B. Rami Ubaydi
 Full Name (Last, First, Middle Initial)
 Mailing Address 6519 Chatham Circle
 City Rochester Hills State MI Zip Code 48306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Regional Director of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1973.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37899
 Amount of Each Receipt this Period
 511.56

C. Emily Updike
 Full Name (Last, First, Middle Initial)
 Mailing Address 2243 County Road Z
 City Cuba City State WI Zip Code 53807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37900
 Amount of Each Receipt this Period
 100.94

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1124.06 |
| 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: (check only one) | PAGE 83 OF 100 |
| | <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. Toni Y Williams
Full Name (Last, First, Middle Initial)

Mailing Address 141 Boiling Spring Cir

City Southern Pines State NC Zip Code 28387

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 ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.37705

Amount of Each Receipt this Period 200.00

B. Ms Jill Yerrick
Full Name (Last, First, Middle Initial)

Mailing Address 1032 S. Snow Prairie Rd.

City Bronson State MI Zip Code 49028

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.80

Date of Receipt 12 / 31 / 2013
Transaction ID : SA11AI.37902

Amount of Each Receipt this Period 70.00

C. Benjuiman Young
Full Name (Last, First, Middle Initial)

Mailing Address 7822 NE 24th Ct.

City Vancouver State WA Zip Code 98665

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 488.42

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.37707

Amount of Each Receipt this Period 184.98

SUBTOTAL of Receipts This Page (optional).....▶ 274.98

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 84 OF 100
(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

Full Name (Last, First, Middle Initial)
A. Benjuiman Young

Mailing Address 7822 NE 24th Ct.

City Vancouver State WA Zip Code 98665

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **704.23**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : **SA11AI.37903**

Amount of Each Receipt this Period
215.81

Full Name (Last, First, Middle Initial)
B. Julie A Yoxtheimer

Mailing Address 249 E Pearl St

City Findlay State OH Zip Code 45840

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

Name of Employer HCR ManorCare Inc. Occupation Sr Reimbursement Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : **SA11AI.37708**

Amount of Each Receipt this Period
105.00

Full Name (Last, First, Middle Initial)
C. Julie A Yoxtheimer

Mailing Address 249 E Pearl St

City Findlay State OH Zip Code 45840

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

Name of Employer HCR ManorCare Inc. Occupation Sr Reimbursement Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : **SA11AI.37904**

Amount of Each Receipt this Period
105.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **425.81**

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 85 OF 100 |
| | <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. Cynthia M Zalewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 3845 Drummond Rd
 City Toledo State OH Zip Code 43613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation Senior Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37656
 Amount of Each Receipt this Period
 403.83

B. Cynthia M Zalewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 3845 Drummond Rd
 City Toledo State OH Zip Code 43613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation Senior Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1557.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37906
 Amount of Each Receipt this Period
 403.83

C. Nicole Zimmerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 Wolfenden Ave
 City Collingdale State PA Zip Code 19023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Admissions Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.37657
 Amount of Each Receipt this Period
 83.16

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 890.82 |
| 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 86 OF 100
(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. Nicole Zimmerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 Wolfenden Ave
 City Collingdale State PA Zip Code 19023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Admissions Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.37907
 Amount of Each Receipt this Period
 83.16

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

| | |
|------------------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 83.16 |
| TOTAL This Period (last page this line number only).....▶ | 65232.82 |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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

Full Name (Last, First, Middle Initial)

A. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : SB21B.37917

Amount of Each Disbursement this Period

170.00

Full Name (Last, First, Middle Initial)

B. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 05 / 2013

Transaction ID : SB21B.37918

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

C. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 03 / 2013

Transaction ID : SB21B.37919

Amount of Each Disbursement this Period

5.00

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

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

180.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

Full Name (Last, First, Middle Initial)

A. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 03 | | | 2013 | | | |

Transaction ID : SB21B.37920

Amount of Each Disbursement this Period

| |
|--------|
| 104.00 |
|--------|

Full Name (Last, First, Middle Initial)

B. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 03 | | | 2013 | | | |

Transaction ID : SB21B.37921

Amount of Each Disbursement this Period

| |
|------|
| 5.00 |
|------|

Full Name (Last, First, Middle Initial)

C. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 03 | | | 2013 | | | |

Transaction ID : SB21B.37922

Amount of Each Disbursement this Period

| |
|------|
| 5.00 |
|------|

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

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

| |
|--------|
| 114.00 |
|--------|

| |
|--------|
| 294.00 |
|--------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. 2014 ALASKANS FOR BEGICH

Mailing Address 1231 W NORTHERN LTS #605

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: AK District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | / | 23 | / | 2013 |

Transaction ID : SB23.37449

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 16 | / | 2013 |

Transaction ID : SB23.37326

Amount of Each Disbursement this Period

| |
|----------|
| 20000.00 |
|----------|

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Mailing Address PO Box 708

City Bloomington State IL Zip Code 61702

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 01 | / | 2013 |

Transaction ID : SB23.36836

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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

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

| |
|----------|
| 25000.00 |
|----------|

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| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. BRALEY FOR IOWA

Mailing Address PO BOX 856

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: IA District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 24 / 2013

Transaction ID : SB23.37478

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CANTOR VICTORY FUND

Mailing Address 25 EAST MAIN STREET

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 25 / 2013

Transaction ID : SB23.37487

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. CHRIS COONS FOR DELAWARE

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: DE District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 09 / 2013

Transaction ID : SB23.37458

Amount of Each Disbursement this Period

2000.00

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

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

13000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Cory Booker for Senate

Mailing Address PO Box 32237

City Newark State NJ Zip Code 07102

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 01 | | 2013 |

Transaction ID : SB23.36839

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address PO BOX 1631

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 31 | | 2013 |

Transaction ID : SB23.37482

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 05 | | 2013 |

Transaction ID : SB23.37483

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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

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

| |
|---------|
| 4500.00 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 07 | | 2013 |

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

Transaction ID : SB23.37444

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement
Contribution

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 30 | | 2013 |

Mailing Address 120 MARYLAND AVENUE NE

Transaction ID : SB23.37464

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. DUFFY FOR CONGRESS

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 16 | | 2013 |

Mailing Address PO Box 186

Transaction ID : SB23.37325

City Ashland State WI Zip Code 54806

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement
Contribution

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 07

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

| |
|----------|
| 11000.00 |
|----------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. FITPATRICK FOR CONGRESS

Mailing Address PO BOX 185

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 20 | / | 2013 |

Transaction ID : SB23.37496

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE JOYCE

Mailing Address 320 KENARDEN DRIVE

City CLEVELAND State OH Zip Code 44143

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 11 | / | 2013 |

Transaction ID : SB23.37098

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. INC. FRIENDS OF MARY LANDRIEU

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: LA District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 06 | / | 2013 |

Transaction ID : SB23.37453

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

| |
|---------|
| 3500.00 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Friends of Renteria

Mailing Address PO Box 655

City Sanger State CA Zip Code 93657

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 03 | | | 2013 | | | |

Transaction ID : SB23.37467

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 09 | | | 26 | | | 2013 | | | |

Transaction ID : SB23.37463

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 25 | | | 2013 | | | |

Transaction ID : SB23.37488

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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

| |
|---------|
| 4500.00 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. IOWA HEALTH PAC

Mailing Address 1775 90th St

City State Zip Code
West Des Moines IA 50266

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 19 | | 2013 |

Transaction ID : SB23.37338

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DR

City State Zip Code
WADSWORTH OH 44281

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 15 | | 2013 |

Transaction ID : SB23.37484

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. LATTA FOR CONGRESS

Mailing Address PO BOX 106

City State Zip Code
BOWLING GREEN OH 43402

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 16 | | 2013 |

Transaction ID : SB23.37445

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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

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

| |
|---------|
| 5500.00 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. LOEBSACK FOR CONGRESS

Mailing Address PO BOX 3013

City IOWA CITY State IA Zip Code 52244

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IA District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 1 | 9 | | 2 | 0 | 1 | 3 |

Transaction ID : SB23.37340

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Full Name (Last, First, Middle Initial)

B. LOU BARLETTA FOR CONGRESS

Mailing Address P.O. BOX 128

City HAZLETON State PA Zip Code 18201

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 1 | 3 |

Transaction ID : SB23.37461

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Full Name (Last, First, Middle Initial)

C. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: KY District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 1 | 0 | | 2 | 0 | 1 | 3 |

Transaction ID : SB23.37490

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

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

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

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|---|---|---|---|---|---|---|---|---|---|
| 7 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. MCKINLEY FOR CONGRESS

Mailing Address PO BOX 642

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: WV District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 20 | | | 2013 | | | |

Transaction ID : SB23.37493

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 25 | | | 2013 | | | |

Transaction ID : SB23.37489

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 07 | | | 02 | | | 2013 | | | |

Transaction ID : SB23.36840

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

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

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| 11500.00 |
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TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 12 / 2013

Transaction ID : SB23.37459

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

10000.00

96000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR JOSH MANDEL

Mailing Address 50 WEST BROAD STREET SUITE 1900

City State Zip Code
COLUMBUS OH 43215

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OH District: 00

Date of Disbursement

/ /
07 / 25 / 2013

Transaction ID : SB29.37437

Amount of Each Disbursement this Period

8000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Committee to Elect Joe Emrick

Mailing Address 2312 Blue Jay Drive

City State Zip Code
Nazareth PA 18064

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /
07 / 03 / 2013

Transaction ID : SB29.36841

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Dan Rutherford Campaign Committee

Mailing Address 220 West Howard Street

City State Zip Code
Pontiac IL 61764

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IL District: 53

Date of Disbursement

/ /
08 / 20 / 2013

Transaction ID : SB29.37447

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

9500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Friends of Tom Patton

Mailing Address 17157 Rabbit Run Drive

City State Zip Code
Strongsville OH 44136

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
07 / 12 / 2013

Transaction ID : SB29.37164

Amount of Each Disbursement this Period

750.00

B. Governor Branstad Committee

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 268

City State Zip Code
Brooklyn IA 52211

Purpose of Disbursement
Contribuion

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
10 / 24 / 2013

Transaction ID : SB29.37473

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

1750.00

11250.00