

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		29282.99
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	29282.99									
(c) Total Receipts (from Line 19)	108360.86	108360.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	137643.85	137643.85								
7. Total Disbursements (from Line 31)	102830.88	102830.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34812.97	34812.97								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	87503.68	87503.68
(ii) Unitemized	20841.57	20841.57
(iii) TOTAL (add Lines 11(a)(i) and (ii)	108345.25	108345.25
(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)	108345.25	108345.25
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	15.61	15.61
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	108360.86	108360.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	108360.86	108360.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	80.88	80.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	80.88	80.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	83500.00	83500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	19250.00	19250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	102830.88	102830.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	102830.88	102830.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	108345.25	108345.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	108345.25	108345.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	80.88	80.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	80.88	80.88

**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 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Anthony J Abela	Date of Receipt MM / DD / YYYY 04 / 15 / 2009
	Mailing Address 3622 Deerfield Ct	Transaction ID: SA11AI.30261
	City State Zip Code Grass Lake MI 49240	Amount of Each Receipt this Period 415.36
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 51.92
	Name of Employer Occupation HCR ManorCare Inc. Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.36	

B.	Full Name (Last, First, Middle Initial) Charlean Adams	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 3523 East Manitou Circle	Transaction ID: SA11AI.30262
	City State Zip Code Muskegeon MI 49441	Amount of Each Receipt this Period 1734.60
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 150 and 42.30
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1734.60	

C.	Full Name (Last, First, Middle Initial) Pauletta Adams	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 1303 Temple Hills Drive	Transaction ID: SA11AI.30193
	City State Zip Code Laguna Beach CA 92651	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR Manor Care, Inc. General Manager - HHHH	
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)	▶	4149.96
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Martin D Allen	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 7151 Whispering Oak	Transaction ID: SA11AI.30265
	City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 1326.85
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 153.85 and 100
Name of Employer HCR ManorCare Inc.	Occupation AVP / Dir Internal Aud & Risk	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1326.85	

B.	Full Name (Last, First, Middle Initial) Tammy Barker-Cronin	Date of Receipt MM / DD / YYYY 04 / 29 / 2009
	Mailing Address 4521 Sutton Road	Transaction ID: SA11AI.30280
	City State Zip Code Britton MI 49229	Amount of Each Receipt this Period 447.39
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 49.71
Name of Employer HCR Manor Care, Inc.	Occupation AVP - Quality Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 447.39	

C.	Full Name (Last, First, Middle Initial) Mrs. Asha W. Barnes	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 2164 McIntosh Drive	Transaction ID: SA11AI.30194
	City State Zip Code Holland OH 43528	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer HCR Manor Care, Inc.	Occupation Manager of Market Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2274.24
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: PAGE 8 / 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

<p>A. Full Name (Last, First, Middle Initial) Charles Batcher</p> <p>Mailing Address 910 Orchard Drive</p> <p>City State Zip Code Rossford OH 43460</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HCR Manor Care, Inc.</p> <p>Occupation Director - Dementia Services</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 840.00</p>	<p>Date of Receipt 06 / 10 / 2009</p> <p>Transaction ID: SA11AI.30286</p> <p>Amount of Each Receipt this Period 840.00</p> <p>Biweekly Payroll Deduction of 70</p>
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<p>B. Full Name (Last, First, Middle Initial) Pamella S Britt</p> <p>Mailing Address 27135 State Rt 49</p> <p>City State Zip Code Potomac IL 61865</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HCR ManorCare Inc.</p> <p>Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 288.46</p>	<p>Date of Receipt 06 / 17 / 2009</p> <p>Transaction ID: SA11AI.30303</p> <p>Amount of Each Receipt this Period 288.46</p> <p>Biweekly Payroll Deduction of 25 and 38.46</p>
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<p>C. Full Name (Last, First, Middle Initial) David Burke</p> <p>Mailing Address 3908 Trickling Brook Dr.</p> <p>City State Zip Code Richmond VA 23228</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HCR ManorCare Inc.</p> <p>Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 211.55</p>	<p>Date of Receipt 06 / 24 / 2009</p> <p>Transaction ID: SA11AI.30307</p> <p>Amount of Each Receipt this Period 211.55</p> <p>Biweekly Payroll Deduction of 19.23 and 38.46</p>
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SUBTOTAL of Receipts This Page (optional)	1340.01
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 9 / 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Candace Burks-McCoy

Mailing Address 6115 North Ridge Road

City State Zip Code
Ft. Worth TX 76135

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HCR.ManorCare, Inc. Senior Manager Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 24 / 2009
Transaction ID: SA11AI.30309

Amount of Each Receipt this Period 230.00

Biweekly Payroll Deduction of 20 and 25

B. Full Name (Last, First, Middle Initial)
Marion Burns

Mailing Address 2807 Majestic Oak Court

City State Zip Code
Virginia Beach VA 23456

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HCR ManorCare Inc. Sr Mgr Medicare Case Mix

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 04 / 17 / 2009
Transaction ID: SA11AI.30197

Amount of Each Receipt this Period 300.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms Christie Butler

Mailing Address P.O. Box 379

City State Zip Code
Avon IL 61415

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 03 / 19 / 2009
Transaction ID: SA11AI.30165

Amount of Each Receipt this Period 300.00

Credit Card Contribution

SUBTOTAL of Receipts This Page (optional) 830.00

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 10 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Charlie F Byrne	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 4685 Rio Poco Court	Transaction ID: SA11AI.30312
	City State Zip Code Naples FL 33109	Amount of Each Receipt this Period 401.61
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 44.23 and 46
	Name of Employer Occupation HCR ManorCare Inc. Sr Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 401.61	

B.	Full Name (Last, First, Middle Initial) Steven M Cavanaugh	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 9036 Sand Ridge Drive	Transaction ID: SA11AI.30188
	City State Zip Code Holland OH 43528	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR ManorCare Inc. VP, Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Javier Cavero	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 3077 N. Oakland Forest Dr. #202	Transaction ID: SA11AI.30322
	City State Zip Code Oakland Park FL 33309	Amount of Each Receipt this Period 207.56
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 17 and 15.08
	Name of Employer Occupation HCR ManorCare Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.56	

SUBTOTAL of Receipts This Page (optional)	▶	5609.17
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Mr. William Chenevert		Date of Receipt
	Mailing Address 620 Ashbury Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Perrysburg	OH	43551
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30323
Name of Employer HCR.ManorCare, Inc.		Occupation Vice President, Operations Support	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.92	<input type="text"/>
			Biweekly Payroll Deduction of 192.30

B.	Full Name (Last, First, Middle Initial) Lenette A Clark		Date of Receipt
	Mailing Address 1259 Tower Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Bourbannais	IL	60914
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30329
Name of Employer HCR Manor Care, Inc		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 366.50	<input type="text"/>
			Biweekly Payroll Deduction of 33.31

C.	Full Name (Last, First, Middle Initial) Christine M Conner		Date of Receipt
	Mailing Address 61 Panoramic Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Walnut Creek	CA	94595
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30333
Name of Employer HCR Manor Care Inc		Occupation Director of Nursing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.84	<input type="text"/>
			Biweekly Payroll Deduction of 21.44

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3102.26
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Ms. Cecilia Credille	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 534 Hevern Drive	Transaction ID: SA11AI.30198
	City State Zip Code Wheaton IL 60187	Amount of Each Receipt this Period 800.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR.ManorCare, Inc. Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

B.	Full Name (Last, First, Middle Initial) Kathleen Dell	Date of Receipt MM / DD / YYYY 04 / 29 / 2009
	Mailing Address 5750 Belle Avenue	Transaction ID: SA11AI.30348
	City State Zip Code Davenport IA 52807	Amount of Each Receipt this Period 256.50
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 28.50
	Name of Employer Occupation HCR Manor Care, Inc. Regional Rehab Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.50	

C.	Full Name (Last, First, Middle Initial) Janet E Diehl	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 3903 BARBARA ANN DRIVE	Transaction ID: SA11AI.30352
	City State Zip Code MONROEVILLE PA 15146	Amount of Each Receipt this Period 337.05
	FEC ID number of contributing federal political committee. C	Weekly Payroll Deduction of 22.47
	Name of Employer Occupation HCR ManorCare Inc. Regional Dir of Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.05	

SUBTOTAL of Receipts This Page (optional)	▶	1393.55
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 13 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Mr. Larry Doenitz	Date of Receipt MM / DD / YYYY 05 / 11 / 2009
	Mailing Address 3162 Crystal Court	Transaction ID: SA11AI.30222
	City State Zip Code Lambertville MI 48144	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR Manor Care, Inc. Director of Ops Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) David K Donin	Date of Receipt MM / DD / YYYY 06 / 17 / 2009
	Mailing Address 11608 Everglade Court	Transaction ID: SA11AI.30356
	City State Zip Code North Potomac MD 20878	Amount of Each Receipt this Period 341.66
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 30.29 and 31.50
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.66	

C.	Full Name (Last, First, Middle Initial) Ms Nancy Edwards	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 5726 Rolbesay Drive	Transaction ID: SA11AI.30358
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 2499.92
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 192.30
	Name of Employer Occupation HCR.ManorCare, Inc. General Manager, Central Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.92	

SUBTOTAL of Receipts This Page (optional)	▶	3341.58
TOTAL This Period (last page this line number only)	▶	

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

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Christine Emrick	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 2312 Blue Jay Dr.	Transaction ID: SA11AI.30364
	City State Zip Code Nazareth PA 18064	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 50
	Name of Employer Occupation HCR Manor Care, Inc. AVP Marketing Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) R Michael Ferguson	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 2450 Underhill Rd	Transaction ID: SA11AI.30366
	City State Zip Code Toledo OH 43615	Amount of Each Receipt this Period 769.20
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 76.92
	Name of Employer Occupation HCR ManorCare Inc. VP & Dir of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

C.	Full Name (Last, First, Middle Initial) Karen L Forrest	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 3115 Wynstone Dr	Transaction ID: SA11AI.30374
	City State Zip Code Quincy IL 62305	Amount of Each Receipt this Period 778.78
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 59.54 and 61.92
	Name of Employer Occupation HCR ManorCare Inc. Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 778.78	

SUBTOTAL of Receipts This Page (optional)	1897.98
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 15 / 64

(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

A. Louise Forsha

Mailing Address P. O. Box 418

City State Zip Code
Albrightsville PA 18210

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.30166

Amount of Each Receipt this Period

250.00

Credit Card Contribution

B.

Full Name (Last, First, Middle Initial)

George Frill

Mailing Address 2006 Hale Ct

City State Zip Code
Wyomising PA 19610

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 229.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.30378

Amount of Each Receipt this Period

229.04

Biweekly Payroll Deduction of 22.79 and 23.36

C.

Full Name (Last, First, Middle Initial)

Mr. Gary T. Geise

Mailing Address 825 Ashbury Dr.

City State Zip Code
Perrysburg OH 43551

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 331.17

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.30384

Amount of Each Receipt this Period

331.17

Biweekly Payroll Deduction of 47.31

SUBTOTAL of Receipts This Page (optional)

810.21

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 16 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Lynda Gluch	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 8740 Paulina Avenue	Transaction ID: SA11AI.30201
	City State Zip Code Grosse Ile MI 48138	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR.ManorCare, Inc. AVP Clinical Support Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) Marty Grabijas	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 2682 Ravine Side North	Transaction ID: SA11AI.30393
	City State Zip Code Howell MI 48843	Amount of Each Receipt this Period 230.16
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 32.88
	Name of Employer Occupation HCR.ManorCare, Inc. Director of Market Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.16	

C.	Full Name (Last, First, Middle Initial) James Grady	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 1311 Old Taylor Trail	Transaction ID: SA11AI.30394
	City State Zip Code Goshen KY 40026	Amount of Each Receipt this Period 407.58
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 26.92 and 55.73
	Name of Employer Occupation HCR Manor Care Inc Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 407.58	

SUBTOTAL of Receipts This Page (optional)	▶	1537.74
TOTAL This Period (last page this line number only)	▶	

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

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

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

Mailing Address 3000 Riva Ridge Rd

City Toledo State OH Zip Code 43615

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2133.32

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.30395

Amount of Each Receipt this Period 2133.32

Biweekly Payroll Deduction of 162.12 and 175

B. Full Name (Last, First, Middle Initial)
Ruth G Graziano

Mailing Address 503 Elk Mills Road

City Oxford State PA Zip Code 19363

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 ▼ 420.00

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.30397

Amount of Each Receipt this Period 420.00

Biweekly Payroll Deduction of 60

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

Mailing Address 217 Garden St.

City Needham State MA Zip Code 02492

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

Name of Employer HCR ManorCare Inc. Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.04

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.30403

Amount of Each Receipt this Period 1923.04

Biweekly Payroll Deduction of 192.31

SUBTOTAL of Receipts This Page (optional) ► **4476.36**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 64
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

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

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 ▼ 339.04

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.30406

Amount of Each Receipt this Period 339.04

Biweekly Payroll Deduction of 25.38 and 26.68

B.

Full Name (Last, First, Middle Initial)
Katherine A Harrison

Mailing Address 99 Myrtle Avenue

City Nutley State NJ Zip Code 07110

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 17 / 2009

Transaction ID: SA11AI.30202

Amount of Each Receipt this Period 250.00

Contribution

C.

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

Mailing Address 9496South 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 ▼ 280.00

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.30407

Amount of Each Receipt this Period 280.00

Biweekly Payroll Deduction of 30 and 50

SUBTOTAL of Receipts This Page (optional) ► **869.04**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Kevin C Henricks	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 23 Chicago St. Apt.G	Transaction ID: SA11AI.30412
	City State Zip Code Plainfield IL 60544	Amount of Each Receipt this Period 390.00
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 42 and 48
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

B.	Full Name (Last, First, Middle Initial) Mary I Herman	Date of Receipt MM / DD / YYYY 06 / 17 / 2009
	Mailing Address 418 Highland Ave. RR#5	Transaction ID: SA11AI.30414
	City State Zip Code Clarks Summit PA 18411	Amount of Each Receipt this Period 250.75
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 13.46 and 28.13
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.75	

C.	Full Name (Last, First, Middle Initial) Elizabeth B. Hill	Date of Receipt MM / DD / YYYY 04 / 22 / 2009
	Mailing Address 1285 Sunhill Drive	Transaction ID: SA11AI.30416
	City State Zip Code Lawrenceville GA 30043	Amount of Each Receipt this Period 200.83
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 28.69
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 ▼ 200.83	

SUBTOTAL of Receipts This Page (optional)	841.58
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 64
(check only one)

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

A.

Full Name (Last, First, Middle Initial) Timothy M Hock		Date of Receipt MM / DD / YYYY 06 / 10 / 2009
Mailing Address 8054 Tillicum Grove North		Transaction ID: SA11AI.30419
City Rockford	State MI	Zip Code 49341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 461.52
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Ops	Biweekly Payroll Deduction of 38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

B.

Full Name (Last, First, Middle Initial) Mr. Paul E. Hoffman		Date of Receipt MM / DD / YYYY 06 / 24 / 2009
Mailing Address 4829 Rhone Drive		Transaction ID: SA11AI.30421
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 212.46
Name of Employer HCR Manor Care, Inc.	Occupation Director of Ops Support - Midstates	Biweekly Payroll Deduction of 23.40 and 24.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.46	

C.

Full Name (Last, First, Middle Initial) Rodger J Hogan		Date of Receipt MM / DD / YYYY 06 / 17 / 2009
Mailing Address 101 Mercury Way		Transaction ID: SA11AI.30422
City Pleasant Hill	State CA	Zip Code 94523
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 311.70
Name of Employer HCR Manor Care Inc	Occupation Administrator	Biweekly Payroll Deduction of 34 and 25.10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.70	

SUBTOTAL of Receipts This Page (optional)	985.68
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 21 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

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

Mailing Address 24708 McCutchenville Road

City State Zip Code
Perrysburg OH 43551

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1353.92

Date of Receipt: 06 / 24 / 2009
Transaction ID: SA11AI.30427
Amount of Each Receipt this Period: 1353.92
Biweekly Payroll Deduction of 115.38 and 100

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

Mailing Address 26448 Carronade Drive

City State Zip Code
Perrysburg OH 43551

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 ▼ 650.00

Date of Receipt: 06 / 24 / 2009
Transaction ID: SA11AI.30429
Amount of Each Receipt this Period: 650.00
Biweekly Payroll Deduction of 50

C. Full Name (Last, First, Middle Initial)
Carla Davis Hughes

Mailing Address 745 Washington Street #603

City State Zip Code
Toledo OH 43604

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

Name of Employer Occupation
HCR Manor Care, Inc. VP of Sales- Mktg - HHHH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 18 / 2009
Transaction ID: SA11AI.30250
Amount of Each Receipt this Period: 1000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 3003.92

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 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Kathleen Hutchison		Date of Receipt
	Mailing Address 2692 Elton Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lambertville	MI	48144
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30432
Name of Employer HCR Manor Care, Inc.		Occupation Director Human Resources Ops Support	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 205.00
			Biweekly Payroll Deduction of 15 and 20

B.	Full Name (Last, First, Middle Initial) Rebecca S Jablon		Date of Receipt
	Mailing Address 3349 Fairbanks Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	TOLEDO	OH	43615
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30435
Name of Employer HCR ManorCare Inc.		Occupation Admin Dir Of Nursing Serv	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 207.68
			Biweekly Payroll Deduction of 25.96

C.	Full Name (Last, First, Middle Initial) Frank A Jannazo		Date of Receipt
	Mailing Address 3466 Country Farms Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Oregon	OH	43616
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30436
Name of Employer HCR ManorCare Inc.		Occupation Dir^ Accounts Receivable	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 455.00
			Biweekly Payroll Deduction of 35

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 867.68
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 23 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Nancy E Johnson	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 4266 Shire Landing	Transaction ID: SA11AI.30442
	City Hillard State OH Zip Code 43026	Amount of Each Receipt this Period 514.56
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 51.20 and 52.48
	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 ▼ 514.56	

B.	Full Name (Last, First, Middle Initial) Lisa J. Jurski	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 1934 Delence Street	Transaction ID: SA11AI.30204
	City Toledo State OH Zip Code 43605	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer HCR ManorCare, Inc. Occupation Director - Workers Comp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Elizabeth M Kaczor	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 1689 Rauch Rd	Transaction ID: SA11AI.30447
	City Temperance State MI Zip Code 48182	Amount of Each Receipt this Period 499.98
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 38.46
	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 ▼ 499.98	

SUBTOTAL of Receipts This Page (optional)	1414.54
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

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

Mailing Address 2208 26th Avenue South

City State Zip Code
Fargo ND 58103

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: SA11AI.30454

Amount of Each Receipt this Period
260.00

Biweekly Payroll Deduction of 25 and 30

B. Full Name (Last, First, Middle Initial)
Debra Kirk

Mailing Address 10500 Webb Road

City State Zip Code
Amarillo TX 79108

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: SA11AI.30225

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Angela Knauff

Mailing Address 3122 School Place

City State Zip Code
Finleyville PA 15332

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

Name of Employer Occupation
HCR Manor Care, Inc. ADNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: SA11AI.30205

Amount of Each Receipt this Period
300.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **810.00**

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 25 / 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

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

Mailing Address 7620 Isaac Drive

City Middleburg Heights State OH Zip Code 44130

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.30463

Amount of Each Receipt this Period 550.00

Biweekly Payroll Deduction of 50

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

Mailing Address 806 Copley Lane

City Silver Spring State MD Zip Code 20904

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1267.50

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.30470

Amount of Each Receipt this Period 1267.50

Biweekly Payroll Deduction of 97.50

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

Mailing Address 205 Foxmanor Lane

City Glen Burnie State MD Zip Code 21061

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

Name of Employer HCR Manor Care, Inc. Occupation AIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 278.26

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.30471

Amount of Each Receipt this Period 278.26

Biweekly Payroll Deduction of 25.75 and 17.68

SUBTOTAL of Receipts This Page (optional) ► 2095.76

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 26 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Susan M Legner	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address 208 Park Avenue West	Transaction ID: SA11AI.30257
	City State Zip Code Princeton IL 61356	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR ManorCare Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Deborah Lewis	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 2432 21st Street	Transaction ID: SA11AI.30179
	City State Zip Code Wyandotte MI 48192	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR Manor Care, Inc. Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Carrie Lund	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 14802 Dunston Place	Transaction ID: SA11AI.30481
	City State Zip Code Tampa FL 33618	Amount of Each Receipt this Period 598.00
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 46
	Name of Employer Occupation HCR Manor Care, Inc. Sr. Administrator - Palm Harbor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 598.00	

SUBTOTAL of Receipts This Page (optional)	▶	1348.00
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 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Gretchen W Mangone		Date of Receipt
	Mailing Address 5234 Reddington		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Dublin	OH	43017
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Transaction ID: SA11AI.30484
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="225.00"/>	<input type="text" value="225.00"/>
			Biweekly Payroll Deduction of 25

B.	Full Name (Last, First, Middle Initial) Anita M Martinez		Date of Receipt
	Mailing Address 909 Gainesway Court		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Florissant	MO	63034
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Transaction ID: SA11AI.30492
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="227.68"/>	<input type="text" value="227.68"/>
			Biweekly Payroll Deduction of 25.96 and 10

C.	Full Name (Last, First, Middle Initial) Ms. Janet Mastrangelo (Howells)		Date of Receipt
	Mailing Address 266 Crossing Creek North		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR.ManorCare, Inc.		Occupation Assistant Vice President of Rehab	Transaction ID: SA11AI.30499
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="868.44"/>	<input type="text" value="868.44"/>
			Biweekly Payroll Deduction of 55 and 76.92

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1321.12"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Patricia McCormick	Date of Receipt MM / DD / YYYY 04 / 01 / 2009
	Mailing Address 113 Holly Lane	Transaction ID: SA11AI.30504
	City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 30
	Name of Employer Occupation HCR Manor Care, Inc Legal Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Melanie P McWhite	Date of Receipt MM / DD / YYYY 06 / 10 / 2009
	Mailing Address 1551 Crichton Road W	Transaction ID: SA11AI.30508
	City State Zip Code Jacksonville FL 32221	Amount of Each Receipt this Period 302.88
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 25.24
	Name of Employer Occupation HCR Manor Care, Inc Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.88	

C.	Full Name (Last, First, Middle Initial) Murry J Mercier	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 7110 Oak Bluff Lane	Transaction ID: SA11AI.30510
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 2500.03
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 192.31
	Name of Employer Occupation HCR ManorCare Inc. VP Dir of Information Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03	

SUBTOTAL of Receipts This Page (optional)	3012.91
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 29 / 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Michael D Mobley

Mailing Address 8021 Vegas Court

City State Zip Code
West Chester OH 45069

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: SA11AI.30252

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Doug Mock

Mailing Address 308 East Front Street

City State Zip Code
Perrysburg OH 43551

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

Name of Employer Occupation
HCR Manor Care, Inc. AVP - Central Division

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: SA11AI.30180

Amount of Each Receipt this Period
1500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Melinda K Muller

Mailing Address 31682 Corte Encinas

City State Zip Code
Temecula CA 92592

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 ▼ 220.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: SA11AI.30525

Amount of Each Receipt this Period
220.00

Biweekly Payroll Deduction of 20

SUBTOTAL of Receipts This Page (optional) ► 1970.00

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 30 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Ms Joylin Nation		Date of Receipt MM / DD / YYYY 04 / 01 / 2009
	Mailing Address 15985 Voyageurs Place		Transaction ID: SA11AI.30531
	City West Palm Beach	State FL	Zip Code 33414
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.80
	Name of Employer HCR Manor Care, Inc.	Occupation Senior Administrator	Biweekly Payroll Deduction of 38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.80	

B.	Full Name (Last, First, Middle Initial) Linda Neumann		Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 28 Roslyn Road		Transaction ID: SA11AI.30533
	City Grosse Pointe Shor	State MI	Zip Code 48236
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 968.26
	Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	Biweekly Payroll Deduction of 93.63 and 109.61
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 968.26	

C.	Full Name (Last, First, Middle Initial) Matthew O'Connor		Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 4313 Pearson Parkway		Transaction ID: SA11AI.30173
	City Oregon	State OH	Zip Code 43616
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
	Name of Employer HCR Manor Care, Inc.	Occupation Director Customer Satisfaction	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	1599.06
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 64
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

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

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 ▼ 461.58

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.30539

Amount of Each Receipt this Period 461.58

Biweekly Payroll Deduction of 57.70 and 57.69

B.

Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski

Mailing Address 669 Highway 60

City Cedarburg State WI Zip Code 53012

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 ▼ 656.74

Date of Receipt 06 / 24 / 2009

Transaction ID: SA11AI.30540

Amount of Each Receipt this Period 656.74

Biweekly Payroll Deduction of 93.82

C.

Full Name (Last, First, Middle Initial)
Paul A. Ormond

Mailing Address 2420 Underhill Road

City Toledo State OH Zip Code 43615

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

Name of Employer HCR.ManorCare, Inc. Occupation Chairman President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 23 / 2009

Transaction ID: SA11AI.30181

Amount of Each Receipt this Period 5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **6118.32**

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: PAGE 32 / 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Susan Ormond
Mailing Address 2420 Underhill Road
City Toledo State OH Zip Code 43615
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation CEO Admin Asst.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 03 / 23 / 2009
Transaction ID: SA11AI.30182
Amount of Each Receipt this Period 5000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Ann E Otley
Mailing Address 333 W Wooster St
City Bowling Green State OH Zip Code 43402
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Inc. Occupation Director of Corporate Benefits
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00
Date of Receipt 06 / 24 / 2009
Transaction ID: SA11AI.30541
Amount of Each Receipt this Period 520.00
Biweekly Payroll Deduction of 40

C. Full Name (Last, First, Middle Initial)
Mr. James Pagoaga
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 ▼ 3000.00
Date of Receipt 02 / 27 / 2009
Transaction ID: SA11AI.30174
Amount of Each Receipt this Period 3000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 8520.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Mr. David Parker		Date of Receipt
	Mailing Address 2154 Tremont Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 24 / 2009
	City	State	Zip Code
	Columbus	OH	43212
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30542
Name of Employer HCR.ManorCare, Inc.		Occupation VP Assistant General Manager	Amount of Each Receipt this Period 710.08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 710.08	Biweekly Payroll Deduction of 66 and 124.04

B.	Full Name (Last, First, Middle Initial) Richard A Parr II		Date of Receipt
	Mailing Address 2253 Gray Fox Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 24 / 2009
	City	State	Zip Code
	Ann Arbor	MI	48103
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30543
Name of Employer HCR Manor Care, Inc.		Occupation VP - General Counsel & Secretary	Amount of Each Receipt this Period 2496.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2496.00	Biweekly Payroll Deduction of 192

C.	Full Name (Last, First, Middle Initial) Deborah A Parziale		Date of Receipt
	Mailing Address 8850 Little Creek Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 17 / 2009
	City	State	Zip Code
	Reno	NV	89506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30545
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Amount of Each Receipt this Period 245.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	Biweekly Payroll Deduction of 35

SUBTOTAL of Receipts This Page (optional)	3451.08
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 34 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

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

Mailing Address 9211 Marydell Rd

City State Zip Code
Ellicott City MD 21042

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.68

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: SA11AI.30553

Amount of Each Receipt this Period
201.68

Biweekly Payroll Deduction of 50.42

B.

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

Mailing Address 3929 Azalea Circle

City State Zip Code
Maumee OH 43537

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 636.94

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: SA11AI.30556

Amount of Each Receipt this Period
636.94

Biweekly Payroll Deduction of 63.27 and 65.39

C.

Full Name (Last, First, Middle Initial)
Michael J Reed

Mailing Address 3899 Midshore Drive

City State Zip Code
Naples FL 34109

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

Name of Employer Occupation
HCR Manor Care, Inc. VP Assisted Living Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.62

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: SA11AI.30562

Amount of Each Receipt this Period
384.62

Biweekly Payroll Deduction of 192.31

SUBTOTAL of Receipts This Page (optional) ► **1223.24**

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: PAGE 35 / 64
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

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

Mailing Address 13 Gregory Drive

City State Zip Code
Kenil NJ 07847

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 283.08

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: SA11AI.30563

Amount of Each Receipt this Period
283.08

Biweekly Payroll Deduction of 35 and 36.54

B.

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

Mailing Address 2723 Rexton Ridge Rd

City State Zip Code
Toledo OH 43617

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

Name of Employer Occupation
HCR ManorCare Inc. VP Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2449.98

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: SA11AI.30566

Amount of Each Receipt this Period
2449.98

Biweekly Payroll Deduction of 188.46

C.

Full Name (Last, First, Middle Initial)
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 ▼ 378.21

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: SA11AI.30571

Amount of Each Receipt this Period
378.21

Biweekly Payroll Deduction of 27.11 and 40

SUBTOTAL of Receipts This Page (optional) ► **3111.27**

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 36 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Susan Ringenberg	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 6073 Wedgewood Village Circle	Transaction ID: SA11AI.30210
	City State Zip Code Lake Worth FL 33463	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer HCR Manor Care, Inc.	Occupation Director Nutrition Consulting Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Damian M Rodgers	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 4647 Calico Court	Transaction ID: SA11AI.30573
	City State Zip Code Monclova OH 43542	Amount of Each Receipt this Period 481.00
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 37
Name of Employer HCR Manor Care, Inc.	Occupation Legal Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 481.00	

C.	Full Name (Last, First, Middle Initial) David R Roth	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 5257 Bentwood Drive	Transaction ID: SA11AI.30576
	City State Zip Code Mason OH 45040	Amount of Each Receipt this Period 293.00
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 22 and 23
Name of Employer HCR ManorCare Inc.	Occupation Director Of Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 293.00	

SUBTOTAL of Receipts This Page (optional)	1274.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 64
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial) Lynette M Rugg		Date of Receipt MM / DD / YYYY 06 / 24 / 2009
Mailing Address 1348 Oakland Circle		Transaction ID: SA11AI.30577
City N. Aurora	State IL	Zip Code 60542
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 226.16
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Biweekly Payroll Deduction of 25.47 and 36.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.16	

B.

Full Name (Last, First, Middle Initial) Richard G Rump		Date of Receipt MM / DD / YYYY 06 / 24 / 2009
Mailing Address 2423 Heather Glen Dr		Transaction ID: SA11AI.30579
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 376.95
Name of Employer HCR ManorCare Inc.	Occupation Dir^ Corporate Communication	Biweekly Payroll Deduction of 53.85
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.95	

C.

Full Name (Last, First, Middle Initial) Mr. Mark Schroepfer		Date of Receipt MM / DD / YYYY 06 / 17 / 2009
Mailing Address 2328 Bonnie Brae		Transaction ID: SA11AI.30585
City Santa Ana	State CA	Zip Code 92706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer HCR.ManorCare, Inc.	Occupation Administrator	Biweekly Payroll Deduction of 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	878.11
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 38 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Mr. Edward Schuch	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 304 Adriana Court	Transaction ID: SA11AI.30586
	City State Zip Code Northampton PA 18067	Amount of Each Receipt this Period 238.04
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 31.02 and 25.96
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.04	

B.	Full Name (Last, First, Middle Initial) Ms Elizabeth Schupp	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 1022 Oakview Drive	Transaction ID: SA11AI.30185
	City State Zip Code Highland Heights OH 44143	Amount of Each Receipt this Period 800.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR ManorCare, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Susan Sexton	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 7645 Yawberg Road	Transaction ID: SA11AI.30590
	City State Zip Code Whitehouse OH 43571	Amount of Each Receipt this Period 449.02
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 34.54
	Name of Employer Occupation HCR Manor Care, Inc. Senior Manager - Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 649.02	

SUBTOTAL of Receipts This Page (optional)	1487.06
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 39 / 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms. Amanda Skerlak-Laporte

Mailing Address 3048 Willowbrook Drive

City State Zip Code
Bridgeville PA 15017

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

Name of Employer Occupation
HCR.ManorCare, Inc. RDO - Eastern Region 6

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2009

Transaction ID: SA11AI.30237

Amount of Each Receipt this Period
250.00

Contribution

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

Mailing Address 202 N. Elm Hurst Rd.

City State Zip Code
Prospect Heights IL 60070

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

Name of Employer Occupation
HCR ManorCare Inc. Sr Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.50

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: SA11AI.30596

Amount of Each Receipt this Period
385.50

Biweekly Payroll Deduction of 31.75 and 34

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

Mailing Address 3521 Cedar Creek Court

City State Zip Code
Maumee OH 43537

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2129.77

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: SA11AI.30598

Amount of Each Receipt this Period
2129.77

Biweekly Payroll Deduction of 158.65 and 192.31

SUBTOTAL of Receipts This Page (optional) ► **2765.27**

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 40 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Arthur Spencer	Date of Receipt MM / DD / YYYY 06 / 02 / 2009
	Mailing Address 1669 Belleville Way # J	Transaction ID: SA11AI.30247
	City State Zip Code Sunnyvale CA 94087	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Steven D Spencer	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 1102 Towsley Lane	Transaction ID: SA11AI.30186
	City State Zip Code Ann Arbor MI 48105	Amount of Each Receipt this Period 2600.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR ManorCare Inc. VP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

C.	Full Name (Last, First, Middle Initial) Patricia J. Stahr	Date of Receipt MM / DD / YYYY 04 / 20 / 2009
	Mailing Address 807 Johnston Drive	Transaction ID: SA11AI.30218
	City State Zip Code Bethlehem PA 18017	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR.ManorCare, Inc. DON	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	3350.00
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 41 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Mr. Mark Stewart	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 151 Private Road 1734	Transaction ID: SA11AI.30241
	City State Zip Code South Point OH 45680	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR.ManorCare, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ms Vicki Tomer	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 500 Buckingham Place	Transaction ID: SA11AI.30215
	City State Zip Code Shorewood IL 60431	Amount of Each Receipt this Period 900.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR Manor Care, Inc. Senior Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C.	Full Name (Last, First, Middle Initial) Rami Ubaydi	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 27134 Pumpkin Street	Transaction ID: SA11AI.30619
	City State Zip Code Murrieta CA 92562	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 50
	Name of Employer Occupation HCR Manor Care, Inc. Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	1800.00
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 42 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Ms Mary D. Wahl	Date of Receipt MM / DD / YYYY 05 / 11 / 2009
	Mailing Address 3008 Drummond Road	Transaction ID: SA11AI.30231
	City State Zip Code Toledo OH 43606	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR.ManorCare, Inc. Director, Corporate Services Managmnt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Evelyn Walters	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 2224 SW Millers Glen Drive	Transaction ID: SA11AI.30216
	City State Zip Code Topeka KS 66614	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Douglas Wanke	Date of Receipt MM / DD / YYYY 06 / 24 / 2009
	Mailing Address 13908 Pondview Road	Transaction ID: SA11AI.30624
	City State Zip Code Silver Spring MD 20905	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	Biweekly Payroll Deduction of 50
	Name of Employer Occupation HCR.ManorCare, Inc. Director of Health Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	1100.00
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 43 / 64

(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Toni Y Williams

Mailing Address 141 Boiling Spring Cir

City State Zip Code
Southern Pines NC 28387

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 298.40

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.30629

Amount of Each Receipt this Period

298.40

Biweekly Payroll Deduction of 34.80 and 10

B.

Full Name (Last, First, Middle Initial)
Ms Sherriann Wood

Mailing Address 5 Aberfield Lane

City State Zip Code
Miamisburg OH 45342

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 412.58

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.30633

Amount of Each Receipt this Period

412.58

Biweekly Payroll Deduction of 29.47 and 58.94

C.

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

Mailing Address 249 E Pearl St

City State Zip Code
Findlay OH 45840

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

Name of Employer Occupation
HCR ManorCare Inc. Sr Reimbursement Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 212.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.30638

Amount of Each Receipt this Period

212.00

Biweekly Payroll Deduction of 12 and 20

SUBTOTAL of Receipts This Page (optional) ▶

922.98

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

87503.68

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
BENNET FOR COLORADO

Transaction ID: SB23.30130
Date of Disbursement

Mailing Address 1900 GRANT STREET SUITE 1170

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	0	9

City State Zip Code
DENVER CO 80203

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Donation for event held on 05/27/2009

--

Candidate Name
MICHAEL F BENNET

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CO District: 00

B.

Full Name (Last, First, Middle Initial)
BUILDING RELATIONSHIPS IN DIVERSE GEOGRAPHIC ENVIRONMEN-
TS PAC (BRIDGE PAC)

Transaction ID: SB23.30107
Date of Disbursement

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 422

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	9

City State Zip Code
WASHINGTON DC 20003

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Donation

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
BUTTERFIELD FOR CONGRESS COMMITTEE

Transaction ID: SB23.30155
Date of Disbursement

Mailing Address PO Box 2571

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	0	9

City State Zip Code
Wilson NC 27894

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Donation

--

Candidate Name
G K BUTTERFIELD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NC District: 01

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
CARPER FOR SENATE

Transaction ID: SB23.30111
Date of Disbursement

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

/ /

City State Zip Code
NEW CASTLE DE 19720

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation for event held on 04/10/2009

Candidate Name
THOMAS R CARPER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: DE District: 00

B.

Full Name (Last, First, Middle Initial)
CITIZENS FOR ARLEN SPECTER

Transaction ID: SB23.30103
Date of Disbursement

Mailing Address 426 C STREET NE
CARRIAGE HOUSE

/ /

City State Zip Code
WASHINGTON DC 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation for event held on 02/17/2009

Candidate Name
ARLEN SPECTER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 00

C.

Full Name (Last, First, Middle Initial)
CONGRESSIONAL BLACK CAUCUS PAC

Transaction ID: SB23.30156
Date of Disbursement

Mailing Address 227 Massachusetts Ave., NW

/ /

City State Zip Code
Washington DC 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

<p>A. Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Donation for event held on 06/30/2009</p> <p>Candidate Name HENRY A. WAXMAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.30154 Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) CONYERS FOR CONGRESS</p> <p>Mailing Address 1831 Bay St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Donation for event held on 06/08/2009</p> <p>Candidate Name JOHN JR. CONYERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.30147 Date of Disbursement 06 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) DAVIS FOR CONGRESS/FRIENDS OF DAVIS</p> <p>Mailing Address 5956 W. Race Avenue</p> <p>City Chicago State IL Zip Code 60644</p> <p>Purpose of Disbursement Donation for event held on 06/22/2009</p> <p>Candidate Name DANNY K DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.30151 Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Donation for event held on 06/13/09

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.30148
Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

6000.00

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

Mailing Address P. O. Box 50614
Suite C5

City Henderson State NV Zip Code 89016

Purpose of Disbursement
Donation for event held on 06/08/09

Candidate Name
DINA TITUS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NV District: 03

Transaction ID: SB23.30138
Date of Disbursement

05 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
DONNA CHRISTENSEN CAMPAIGN

Mailing Address PO Box 5197

City St. Croix State VI Zip Code 00823

Purpose of Disbursement
Donation for event held on 06/01/09

Candidate Name
DONNA M CHRISTENSEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VI District: 00

Transaction ID: SB23.30146
Date of Disbursement

06 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197
P O BOX 118

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement
Donation for event held on 04/27/2009

Candidate Name
BLANCHE LAMBERT LINCOLN

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AR District: 00

Transaction ID: SB23.30120
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Mailing Address 3213 N Wilton Ave. Unit A

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Donation

Candidate Name
SARA FEIGENHOLTZ

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 05

Transaction ID: SB23.30090
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Mailing Address PO BOX 5153
PO BOX 5153

City HOBBS State NM Zip Code 88241

Purpose of Disbursement
Donation for event held on 06/08/09

Candidate Name
HARRY TEAGUE

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NM District: 02

Transaction ID: SB23.30135
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) KENDRICK MEEK FOR FLORIDA</p> <p>Mailing Address 111 NW 183RD STREET SUITE 325</p> <p>City MIAMI State FL Zip Code 33169</p> <p>Purpose of Disbursement Donation for event held on 03/31/2009</p> <p>Candidate Name KENDRICK B MEEK</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.30112</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) KENDRICK MEEK FOR FLORIDA</p> <p>Mailing Address 111 NW 183RD STREET SUITE 325</p> <p>City MIAMI State FL Zip Code 33169</p> <p>Purpose of Disbursement Donation for event held on 06/29/2009</p> <p>Candidate Name KENDRICK B MEEK</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.30113</p> <p>Date of Disbursement 06 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) KIRKPATRICK FOR ARIZONA</p> <p>Mailing Address PO Box G</p> <p>City Flagstaff State AZ Zip Code 86002</p> <p>Purpose of Disbursement Donation for event held on 06/08/09</p> <p>Candidate Name ANN KIRKPATRICK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.30134</p> <p>Date of Disbursement 05 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) KOSMAS FOR CONGRESS Mailing Address PO Box 1547 City New Smyrna Beach State FL Zip Code 32170 Purpose of Disbursement Donation for event held on 06/08/09 Candidate Name SUZANNE KOSMAS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.30137 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTEE Mailing Address 10 G Street, NE Suite 470 City Washington State DC Zip Code 20002 Purpose of Disbursement Donation for event held on 03/17/2009 Candidate Name BARBARA MIKULSKI Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.30106 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Mailing Address 320 FIRST STREET City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Donation for event held on 06/08/09 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.30133 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	Transaction ID: SB23.30141
	Mailing Address 425 SECOND STREET NE	Date of Disbursement 06 / 01 / 2009
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Donation for event held on 06/09/09	012 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETERS FOR CONGRESS	Transaction ID: SB23.30139
	Mailing Address PO BOX 226	Date of Disbursement 05 / 27 / 2009
	City BLOOMFIELD HILLS State MI Zip Code 48303	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Donation for event held on 06/08/09	Category/ Type
	Candidate Name GARY PETERS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE	Transaction ID: SB23.30104
	Mailing Address 8331 LITTLE HARBOR DRIVE	Date of Disbursement 02 / 19 / 2009
	City CINCINNATI State OH Zip Code 45244	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Donation for event held on 03/04/2009	Category/ Type
	Candidate Name ROB PORTMAN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) SALAZAR FOR SENATE	Transaction ID: SB23.30100 Date of Disbursement 02 / 27 / 2009	
	Mailing Address PO BOX 600		
	City DENVER State CO Zip Code 80201	Amount of Each Disbursement this Period	-2500.00
	Purpose of Disbursement Refund of Donation made on 03/25/08	010	Category/Type
	Candidate Name KEN SALAZAR		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: CO District: 00	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) SALAZAR FOR SENATE	Transaction ID: SB23.30102 Date of Disbursement 02 / 27 / 2009	
	Mailing Address PO BOX 600		
	City DENVER State CO Zip Code 80201	Amount of Each Disbursement this Period	-1000.00
	Purpose of Disbursement Refund of Donation made on 10/29/07	010	Category/Type
	Candidate Name KEN SALAZAR		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: CO District: 00	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) THE COMMITTEE TO RE-ELECT ARTUR DAVIS TO CONGRESS	Transaction ID: SB23.30145 Date of Disbursement 06 / 02 / 2009	
	Mailing Address P.O. Box 1845		
	City Birmingham State AL Zip Code 35201	Amount of Each Disbursement this Period	-1000.00
	Purpose of Disbursement Refund of Donation made on 11/14/08	010	Category/Type
	Candidate Name ARTUR G DAVIS		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: AL District: 07	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	-4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: SB23.30119 Date of Disbursement 04 / 21 / 2009	
	Mailing Address 2021 E Dublin Granville Road Suite 2000		
	City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement Donation for event held on 05/29/2009		
	Candidate Name PATRICK J TIBERI	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE	Transaction ID: SB23.30110 Date of Disbursement 03 / 26 / 2009	
	Mailing Address 123 NE 3RD SUITE 321		
	City PORTLAND State OR Zip Code 97232	Amount of Each Disbursement this Period 4000.00	
	Purpose of Disbursement Donation for event held on 04/07/2009		
	Candidate Name RONALD LEE WYDEN	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) YARMUTH FOR CONGRESS	Transaction ID: SB23.30093 Date of Disbursement 02 / 10 / 2009	
	Mailing Address 1819 Brownsboro Road Suite 100		
	City Louisville State KY Zip Code 40202	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Donation for event held on 02/28/2009		
	Candidate Name JOHN A MR YARMUTH	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	83500.00

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

<p>A. Full Name (Last, First, Middle Initial) Citizens for Mary Taylor</p> <p>Mailing Address 211 South Fifth Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Donation for event held on 06/02/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30142</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens for Wagoner</p> <p>Mailing Address 7445 Airport Highway</p> <p>City Holland State OH Zip Code 43528</p> <p>Purpose of Disbursement Donation for event held on 06/18/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30153</p> <p>Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris</p> <p>Mailing Address 1238 Township Road 1506</p> <p>City Ashland State OH Zip Code 44805</p> <p>Purpose of Disbursement Donation for event held on 05/05/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30122</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Committee to Elect Niehaus <hr/> Mailing Address 11131 Little Indian Creek Road <hr/> City New Richmond State OH Zip Code 45157 <hr/> Purpose of Disbursement Donation for event held on 05/05/2009 Candidate Name	Transaction ID: SB29.30123 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type	
		Category/Type	
B. Full Name (Last, First, Middle Initial) Committee to Re-Elect Joe Manchin <hr/> Mailing Address P.O. Box 5202 <hr/> City Charleston State WV Zip Code 25361 <hr/> Purpose of Disbursement Void of donation made on 08/19/2008 Candidate Name	Transaction ID: SB29.30096 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period -1000.00		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 010	
		Category/Type	
C. Full Name (Last, First, Middle Initial) Committee to Re-Elect Keith McCall <hr/> Mailing Address P.O. Box 244 <hr/> City Lansford State PA Zip Code 18232 <hr/> Purpose of Disbursement Donation for fundraiser held on 04/27/09 Candidate Name	Transaction ID: SB29.30115 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2000.00		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type	
		Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Corriveau Leadership Fund</p> <p>Mailing Address P.O. Box 5251</p> <p>City Northville State MI Zip Code 48167</p> <p>Purpose of Disbursement Donation for event held on 04/29/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30121</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Edna Brown Campaign Committee</p> <p>Mailing Address 2461 Warren Street</p> <p>City Toledo State OH Zip Code 43620</p> <p>Purpose of Disbursement Donation for event held on 04/14/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30118</p> <p>Date of Disbursement 04 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends of Armond Budish</p> <p>Mailing Address 23240 Chagrin Blvd. Building 4</p> <p>City Beachwood State OH Zip Code 44122</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30108</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3250.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Friends of Bill Adolf	Transaction ID: SB29.30126 Date of Disbursement 05 / 08 / 2009
	Mailing Address P.O. Box 303	Amount of Each Disbursement this Period 300.00
	City Springfield State PA Zip Code 19064	
	Purpose of Disbursement Donation for event held on 05/11/2009	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Dominic Pileggi	Transaction ID: SB29.30125 Date of Disbursement 05 / 08 / 2009
	Mailing Address 323 West Front Street	Amount of Each Disbursement this Period 1000.00
	City Media State PA Zip Code 19063	
	Purpose of Disbursement Donation for event held on 05/14/2009	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Jake Corman	Transaction ID: SB29.30105 Date of Disbursement 02 / 27 / 2009
	Mailing Address 742 South 80th Street	Amount of Each Disbursement this Period 2000.00
	City Harrisburg State PA Zip Code 17111	
	Purpose of Disbursement Donation	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3300.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

<p>A. Full Name (Last, First, Middle Initial) Friends of Joe Scarnati</p> <p>Mailing Address P. O. Box 792</p> <p>City Harrisburg State PA Zip Code 17108</p> <p>Purpose of Disbursement Donation for event held on 04/22/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30124</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Ken Smith</p> <p>Mailing Address 28B East Wing P.O. Box 202112</p> <p>City Harrisburg State PA Zip Code 17120</p> <p>Purpose of Disbursement Donation for event held on 05/26/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30132</p> <p>Date of Disbursement 05 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Martin O'Malley</p> <p>Mailing Address 218 East Lexington Street Suite 602</p> <p>City Baltimore State MD Zip Code 21202</p> <p>Purpose of Disbursement Void of donation made on 07/15/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30095</p> <p>Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period -4000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-2500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Friends of Matt Szollosi	Transaction ID: SB29.30157 Date of Disbursement
	Mailing Address 1660 Grand Bay Drive	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Oregon State OH Zip Code 43616	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation for event held on 06/22/2009	<input type="text" value="1000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Roger Kahn for Senate	Transaction ID: SB29.30091 Date of Disbursement
	Mailing Address P.O. Box 1627	<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Saginaw State MI Zip Code 48605	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation for event held on 02/10/09	<input type="text" value="300.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jud Gilbert for State House	Transaction ID: SB29.30140 Date of Disbursement
	Mailing Address P.O. Box 10201	<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Lansing State MI Zip Code 48901	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation for event held on 06/05/2009	<input type="text" value="400.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1700.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

<p>A. Full Name (Last, First, Middle Initial) NEW JERSEY DEMOCRATIC STATE COMMITTEE</p> <p>Mailing Address 196 West State Street</p> <p>City Trenton State NJ Zip Code 08608</p> <p>Purpose of Disbursement Donation for event held on 06/23/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30152</p> <p>Date of Disbursement 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF KENTUCKY</p> <p>Mailing Address PO BOX 1068</p> <p>City FRANKFORT State KY Zip Code 40602</p> <p>Purpose of Disbursement Donation for event held on 05/20/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30128</p> <p>Date of Disbursement 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Strickland for Governor</p> <p>Mailing Address 65 East State Street Suite 1800</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Donation for Governor's Campaign</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30092</p> <p>Date of Disbursement 01 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

Use separate schedule(s)
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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

<p>A. Full Name (Last, First, Middle Initial) Take Back the House PAC</p> <p>Mailing Address 330 Wood Street</p> <p>City Lansing State MI Zip Code 48906</p> <p>Purpose of Disbursement Void of donation made on 12/11/2007</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30094 Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period -250.00</p> <p>010 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Teresa Fedor for Senate Committee</p> <p>Mailing Address 2054 Belvedere Drive</p> <p>City Toledo State OH Zip Code 43614</p> <p>Purpose of Disbursement Donation for event held on 04/24/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30116 Date of Disbursement 04 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Wilkowski for Mayor</p> <p>Mailing Address 420 Madison Avenue Suite 1102</p> <p>City Toledo State OH Zip Code 43604</p> <p>Purpose of Disbursement Donation for Fundraiser held on 04/15/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.30114 Date of Disbursement 04 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	20250.00