

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HCR MANOR CARE PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="5174.94"/>	<input type="text" value="5174.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="21866.05"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="44464.95"/>	<input type="text" value="78862.91"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="66331.00"/>	<input type="text" value="84037.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="43244.93"/>	<input type="text" value="60951.78"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="23086.07"/>	<input type="text" value="23086.07"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
HCR MANOR CARE PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	37894.16	62067.15
(ii) Unitemized	6570.79	14295.49
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	44464.95	76362.64
(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)	44464.95	76362.64
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.27
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	44464.95	78862.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44464.95	78862.91

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	244.93	451.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	244.93	451.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	44250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	12000.00	16250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	43244.93	60951.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43244.93	60951.78

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	44464.95	76362.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44464.95	76362.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	244.93	451.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	244.93	451.78

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 43
	<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. Martin D Allen
Full Name (Last, First, Middle Initial)

Mailing Address 7151 Whispering Oak

City State Zip Code
Sylvania OH 43560

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

Name of Employer Occupation
HCR ManorCare Inc. AVP / Dir Internal Aud & Risk

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.97

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016
Transaction ID : SA11AI.40204

Amount of Each Receipt this Period
1538.48

Memo Item

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

Mailing Address 7060 Middlebury

City State Zip Code
Lambertville MI 48144

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

Name of Employer Occupation
HCR ManorCare Inc. Internal Training Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016
Transaction ID : SA11AI.40207

Amount of Each Receipt this Period
280.00

Memo Item

C. Ms Julie Beckert
Full Name (Last, First, Middle Initial)

Mailing Address 3911 Buell

City State Zip Code
Toledo OH 43613

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016
Transaction ID : SA11AI.40208

Amount of Each Receipt this Period
315.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2133.48

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 OF 43
	<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. Richard Black
Full Name (Last, First, Middle Initial)

Mailing Address 2409 Drummond Rd

City Toledo State OH Zip Code 43616

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

Name of Employer HCR ManorCare Occupation Corporate Rehab Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2016
Transaction ID : SA11AI.40169

Amount of Each Receipt this Period
 250.00

Memo Item

B. Ruby G Boice
Full Name (Last, First, Middle Initial)

Mailing Address 10445 Dexter Drive E

City Jacksonville State FL Zip Code 32218

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

Name of Employer HCR Manor Care, Inc. Occupation Director Reg. Business Office Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40220

Amount of Each Receipt this Period
 20.00

Memo Item

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

Mailing Address 425 Kingwood Rd

City Linthicum Heights State MD Zip Code 21090

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40226

Amount of Each Receipt this Period
 296.11

Memo Item

SUBTOTAL of Receipts This Page (optional).....	566.11
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 8 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Candace Burks-McCoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 N. Shore Dr
 City State Zip Code
 Cisco TX 76437
 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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40227
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Charlotte Butts Price Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 Fieldstone Way
 City State Zip Code
 West Palm Beach FL 33413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR Manor Care, Inc. Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40228
 Amount of Each Receipt this Period
 175.00
 Memo Item

C. Charlie Byrne
 Full Name (Last, First, Middle Initial)
 Mailing Address 4685 Rio POCO Ct
 City State Zip Code
 Naples FL 34109
 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 ▼
 580.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40229
 Amount of Each Receipt this Period
 330.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	605.00
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 9 OF 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Joseph Carpino
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Crooks Road #23

City	State	Zip Code
Troy	MI	48084

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 ▼
208.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40234

Amount of Each Receipt this Period
 115.50

Memo Item

B. Denise F Curry
Full Name (Last, First, Middle Initial)

Mailing Address 503 Vilsack Road

City	State	Zip Code
Allegheny	PA	15116

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

Name of Employer	Occupation
HCR. Manor Care, Inc	Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
832.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40241

Amount of Each Receipt this Period
 512.00

Memo Item

C. Gurprit Dhaliwal
Full Name (Last, First, Middle Initial)

Mailing Address 31744 Calle Girasol

City	State	Zip Code
Temecula	CA	92591

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
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2016
Transaction ID : SA11AI.40466

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	877.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 43
(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

Full Name (Last, First, Middle Initial)
A. Lynn Dvorak

Mailing Address 6071 S Overlook

City Springfield	State MO	Zip Code 65810-1945
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FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare	Occupation Regional Director of Operations
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA11AI.40192

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 10408 Meadowlark Ct. East

City Bonney Lake	State WA	Zip Code 98391
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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 ▼
665.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA11AI.40253

Amount of Each Receipt this Period
240.00

Memo Item

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

Mailing Address 24013 22nd Ave West

City Bothell	State WA	Zip Code 98021
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA11AI.40257

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	940.00
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 11 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. R Michael Ferguson

Mailing Address 2450 Underhill Rd

City State Zip Code
Toledo OH 43615

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

Name of Employer Occupation
HCR ManorCare Inc. VP & Dir of Purchasing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.40258

Amount of Each Receipt this Period
600.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Suzanne L Fisher

Mailing Address 1504 Old Bernville Road

City State Zip Code
Leesport PA 19533

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.40259

Amount of Each Receipt this Period
140.00

Memo Item

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

Mailing Address 2006 Hale Ct

City State Zip Code
Wyomiseing 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 ▼ **206.40**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.40262

Amount of Each Receipt this Period
126.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **866.00**

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 12 OF 43
	<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. Cynthia Gladieux
 Full Name (Last, First, Middle Initial)
 Mailing Address 30441 Cedar Valley Dr
 City Northwood State OH Zip Code 43619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40266
 Amount of Each Receipt this Period
 256.50
 Memo Item

B. Mr. Leonard Grabijas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2682 Ravine Side North
 City Howell State MI Zip Code 48843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, LLC. Occupation VP Sales & Mkting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40269
 Amount of Each Receipt this Period
 461.52
 Memo Item

C. Lisa Gray
 Full Name (Last, First, Middle Initial)
 Mailing Address 1084 North Washington Street
 City Pottstown State PA Zip Code 19464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40275
 Amount of Each Receipt this Period
 128.56
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	846.58
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 13 OF 43
	<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. Ruth G Graziano
Full Name (Last, First, Middle Initial)

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 ▼ **825.00**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40276

Amount of Each Receipt this Period **450.00**

Memo Item

B. Ms Lisa Griesmer
Full Name (Last, First, Middle Initial)

Mailing Address 12125 Summerwood Dr

City Concord Twp State OH Zip Code 44077

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

Name of Employer HCR Manor Care, LLC. Occupation Assistant Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40277

Amount of Each Receipt this Period **160.00**

Memo Item

C. Mary K Hart
Full Name (Last, First, Middle Initial)

Mailing Address 9069 West Bottsford Avenue

City Greenfield State WI Zip Code 53228

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

Name of Employer HCR ManorCare Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **219.00**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40284

Amount of Each Receipt this Period **127.75**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **737.75**

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 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mr. Alan Hash
Full Name (Last, First, Middle Initial)
Mailing Address 9496 South Dunbar Circle
City South Jordan State UT Zip Code 84095
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation Regional Director - Western Division 5
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40285
Amount of Each Receipt this Period 800.00
 Memo Item

B. Kevin C Henricks
Full Name (Last, First, Middle Initial)
Mailing Address 23636 W. Chicago St. Unit 102
City Plainfield State IL Zip Code 60544
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 492.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40286
Amount of Each Receipt this Period 287.00
 Memo Item

c. Deborah Cox Hilgenberg
Full Name (Last, First, Middle Initial)
Mailing Address 74-062 Scholar Lane W
City Palm Desert State CA Zip Code 92211
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Inc. Occupation Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 478.50

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40287
Amount of Each Receipt this Period 298.50
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1385.50**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Rodger J Hogan

Mailing Address 101 Mercury Way

City Pleasant Hill State CA Zip Code 94523

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

Name of Employer HCR Manor Care Inc Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40290

Amount of Each Receipt this Period
140.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City Wellington State FL Zip Code 33414

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

Name of Employer HCR ManorCare Inc Occupation Asst General Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1165.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40291

Amount of Each Receipt this Period
769.20

Memo Item

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

Mailing Address 24708 McCutchenville Road

City Perrysburg State OH Zip Code 43551

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1384.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40295

Amount of Each Receipt this Period
807.78

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1716.98
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 43
	<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. Elizabeth Howard
Full Name (Last, First, Middle Initial)

Mailing Address 2514 Crow Valley Street

City San Antonio State TX Zip Code 78232

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

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 01 / 2016
Transaction ID : SA11AI.39965

Amount of Each Receipt this Period 400.00

Memo Item
Donation

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

Mailing Address 3349 Fairbanks Ave

City TOLEDO State OH Zip Code 43615

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40302

Amount of Each Receipt this Period 250.00

Memo Item

C. Mr. Frank Jannazo
Full Name (Last, First, Middle Initial)

Mailing Address 3466 Country Farms Road

City Oregon State OH Zip Code 43616

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

Name of Employer HCR.ManorCare, Inc. Occupation Director Accounts Receivable

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40306

Amount of Each Receipt this Period 208.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 858.00

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 17 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Ms Diane Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Ruth Road
 City Fleetwood State PA Zip Code 19522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR.ManorCare, Inc. Occupation Regional Director of Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **889.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.40310
 Amount of Each Receipt this Period **544.00**
 Memo Item

B. Nicholas B Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3106 Ashburn Lane
 City Pasadena State MD Zip Code 21122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Admission Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **308.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.40311
 Amount of Each Receipt this Period **140.00**
 Memo Item

C. Robert G Julius
 Full Name (Last, First, Middle Initial)
 Mailing Address 3321 Pelham Rd
 City Ottawa Hills State OH Zip Code 43606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Mgr. Business Office Process Dev.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1149.24**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.40315
 Amount of Each Receipt this Period **716.54**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Matthew Kang

Mailing Address 3214 Chapel Creek Drive

City State Zip Code
Perrysburg OH 43551

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

Name of Employer Occupation
HCR ManorCare Inc. Vice President and CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2016

Transaction ID : SA11AI.40186

Amount of Each Receipt this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Rodney S Keefer

Mailing Address 15126 Ridgeview Dr

City State Zip Code
Clive IA 50325

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 ▼
273.05

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.40320

Amount of Each Receipt this Period
167.30

Memo Item

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

Mailing Address 2013 Orchard Rd

City State Zip Code
Toledo OH 43606

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

Name of Employer Occupation
HCR ManorCare Inc. Mgr^ Pharmacy Ops Sprt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.40325

Amount of Each Receipt this Period
160.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2827.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 43
	<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. Kathryn C Kondolf-Harmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 6421 Crews Lake Hills Loop West
 City Lakeland State FL Zip Code 33813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40326
 Amount of Each Receipt this Period 110.00
 Memo Item

B. Mark Kruzel
 Full Name (Last, First, Middle Initial)
 Mailing Address 26215 Black Oak Ct
 City Perrysburg State OH Zip Code 43551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Accounting Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40327
 Amount of Each Receipt this Period 160.00
 Memo Item

C. Mr. David Lanning
 Full Name (Last, First, Middle Initial)
 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 ▼ 1500.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40332
 Amount of Each Receipt this Period 875.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1145.00
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 20 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Mr. Elliot Lekawa

Mailing Address 13690 Highland Springs Ct

City State Zip Code
Wichita KS 67235

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

Name of Employer Occupation
HCR Manor Care, LLC. RDO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40336

Amount of Each Receipt this Period
380.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Katherine R Marrero

Mailing Address 1216 North Main Street

City State Zip Code
Naperville IL 60563

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40351

Amount of Each Receipt this Period
153.40

Memo Item

Full Name (Last, First, Middle Initial)
C. Ms. Janet Mastrangelo (Howells)

Mailing Address 266 Crossing Creek North

City State Zip Code
Gahanna OH 43230

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

Name of Employer Occupation
HCR.ManorCare, Inc. Assistant Vice President of Rehab

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
874.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40359

Amount of Each Receipt this Period
554.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1087.40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 43
	<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. Jill Matelan
Full Name (Last, First, Middle Initial)
Mailing Address 312 N. Franklin St
City Fleetwood State PA Zip Code 19522
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc Occupation Administrator - Sinking Spring
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 270.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40360
Amount of Each Receipt this Period 150.00
 Memo Item

B. Murry Mercier
Full Name (Last, First, Middle Initial)
Mailing Address 7110 Oak Bluff Lane
City Maumee State OH Zip Code 43537
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc Occupation VP - Information Systems
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2470.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40366
Amount of Each Receipt this Period 1520.00
 Memo Item

C. Gregory E Milanich
Full Name (Last, First, Middle Initial)
Mailing Address 8442 Settlers PSGE
City Brecksville State OH Zip Code 44141
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Occupation AVP Pharmacy Services
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 04 / 26 / 2016
Transaction ID : SA11AI.40158
Amount of Each Receipt this Period 300.00
 Memo Item
Donation

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 22 OF 43
	<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. Scott Miller
Full Name (Last, First, Middle Initial)

Mailing Address 198 Old Mill Drive

City Langhorne State PA Zip Code 19047

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

Name of Employer HCR ManorCare Inc. Occupation Sr Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **669.00**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40368

Amount of Each Receipt this Period **390.25**

Memo Item

B. Allison M Morrow
Full Name (Last, First, Middle Initial)

Mailing Address 16671 Bennett Road

City North Royalton State OH Zip Code 44133

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

Name of Employer HCR ManorCare Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40371

Amount of Each Receipt this Period **175.00**

Memo Item

C. Brooke Moser
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Riverwalk Court

City Waterville State OH Zip Code 43566

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

Name of Employer HCR ManorCare Inc. Occupation Regional Marketing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40372

Amount of Each Receipt this Period **285.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Robert Moser
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Riverwalk Court

City Waterville State OH Zip Code 43566

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

Name of Employer HCR ManorCare Inc. Occupation Manager Employee Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **284.63**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40373

Amount of Each Receipt this Period **188.48**

Memo Item

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

Mailing Address 15985 Voyageurs Place

City West Palm Beach State FL Zip Code 33414

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40380

Amount of Each Receipt this Period **307.68**

Memo Item

C. Robert K Nealon
Full Name (Last, First, Middle Initial)

Mailing Address 107 Sibley Avenue

City Taylor State PA Zip Code 18517

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **372.00**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40381

Amount of Each Receipt this Period **192.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **688.16**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 43
	<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. Rebecca A. Nowak
 Full Name (Last, First, Middle Initial)
 Mailing Address 3626 Kershaw Ave.
 City Toledo State OH Zip Code 43613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Legal Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 04 / 2016
Transaction ID : SA11AI.40153
 Amount of Each Receipt this Period 250.00
 Memo Item
 Donation

B. Eric O'Neill
 Full Name (Last, First, Middle Initial)
 Mailing Address 4009 East Braeburn Dr
 City Appleton State WI Zip Code 54913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Regional Director of Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40386
 Amount of Each Receipt this Period 320.00
 Memo Item

C. Ms Leslie Ohm
 Full Name (Last, First, Middle Initial)
 Mailing Address 12331 South 71st Avenue
 City Palos Heights State IL Zip Code 60463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR.ManorCare, Inc. Occupation Regional Director of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 906.15

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40385
 Amount of Each Receipt this Period 556.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1126.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Paul A. Ormond
 Full Name (Last, First, Middle Initial)
 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 **04 / 01 / 2016**
Transaction ID : SA11AI.39964
 Amount of Each Receipt this Period **5000.00**
 Memo Item
 Donation

B. Patricia A Otterbeck
 Full Name (Last, First, Middle Initial)
 Mailing Address 2445 Madiera Lane
 City Buffalo Grove State IL Zip Code 60089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **232.22**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.40388
 Amount of Each Receipt this Period **144.12**
 Memo Item

C. Mr. James Pagoaga
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Winding Creek Drive
 City Sylvania State OH Zip Code 43560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR.ManorCare, Inc. Occupation Vice President, Rehabilitation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.40152
 Amount of Each Receipt this Period **2500.00**
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	7644.12
TOTAL This Period (last page this line number only).....	

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

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

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

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

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Brian W Perry

Mailing Address 3 Exmoor

City Toledo State OH Zip Code 43615

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

Name of Employer HCR ManorCare Occupation AVP-Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40390

Amount of Each Receipt this Period **800.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Tracy L Peterson

Mailing Address 6865 Poplar Drive

City Ypsilanti State MI Zip Code 48197

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40391

Amount of Each Receipt this Period **168.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. Ms Karen Phelps

Mailing Address Route 4, Box 87P

City Tecumseh State OK Zip Code 74873

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40392

Amount of Each Receipt this Period **60.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **1028.00**

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 27 OF 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 656 Wilson Ave SW

City Grand Rapids State MI Zip Code 49534

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40396

Amount of Each Receipt this Period
450.00

Memo Item

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

Mailing Address 3899 Midshore Drive

City Naples State FL Zip Code 34109

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40401

Amount of Each Receipt this Period
307.68

Memo Item

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

Mailing Address P.O. Box 754

City Shady Spring State WV Zip Code 25918

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40403

Amount of Each Receipt this Period
275.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1032.68
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 28 OF 43
	<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. Damian M Rodgers
Full Name (Last, First, Middle Initial)
Mailing Address 4647 Calico Court
City Monclova State OH Zip Code 43542
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation Legal Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **605.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.40404
Amount of Each Receipt this Period **380.00**
 Memo Item

B. David R Roth
Full Name (Last, First, Middle Initial)
Mailing Address 5257 Bentwood Drive
City Mason State OH Zip Code 45040
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Inc. Occupation Director Of Planning
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **631.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.40406
Amount of Each Receipt this Period **391.00**
 Memo Item

C. Mr. Rick Rump
Full Name (Last, First, Middle Initial)
Mailing Address 2423 Heather Glen
City Maumee State OH Zip Code 43537
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR.ManorCare, Inc. Occupation Director of Corporate Communications
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **780.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.40407
Amount of Each Receipt this Period **480.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1251.00**
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 29 OF 43
	<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. Elizabeth Runser
Full Name (Last, First, Middle Initial)

Mailing Address 216 Drake Circle

City Cranberry Twp. State PA Zip Code 16066

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **286.94**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40408

Amount of Each Receipt this Period **210.00**

Memo Item

B. Mary Jane Ruppert
Full Name (Last, First, Middle Initial)

Mailing Address 603 North Blackhoof St.

City Wapakoneta State OH Zip Code 45895

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

Name of Employer HCR ManorCare Occupation Sr Dir 4H Compliance and Edu

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.20**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40409

Amount of Each Receipt this Period **275.20**

Memo Item

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

Mailing Address 2328 Bonnie Brae

City Santa Ana State CA Zip Code 92706

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

Name of Employer HCR.ManorCare, Inc. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2016**

Transaction ID : SA11AI.40414

Amount of Each Receipt this Period **175.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **660.20**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 304 Adriana Court

City Northhampton State PA Zip Code 18067

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

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40415

Amount of Each Receipt this Period
 125.00

Memo Item

B. Jonathon Stipanovich
Full Name (Last, First, Middle Initial)

Mailing Address 8428 Orhan Street

City Canton State MI Zip Code 48187

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40430

Amount of Each Receipt this Period
 153.80

Memo Item

C. Laurie C StPierre
Full Name (Last, First, Middle Initial)

Mailing Address 2120 Addison

City Clermont State FL Zip Code 34711

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

Name of Employer HCR Manor Care, Inc. Occupation Director Case Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 552.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11AI.40431

Amount of Each Receipt this Period
 322.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Ms. Victoria Strom
Full Name (Last, First, Middle Initial)
Mailing Address 2067 Centerville Rd
City Victoria State IL Zip Code 61485
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR.ManorCare, Inc. Occupation MMD
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 04 / 15 / 2016
Transaction ID : SA11AI.40142
Amount of Each Receipt this Period 250.00
 Memo Item
Donation

B. Mr. Eric Talbert
Full Name (Last, First, Middle Initial)
Mailing Address 7231 Stonewater Ct
City Maumee State OH Zip Code 43537
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation Div. Director of Operations Support
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 780.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40433
Amount of Each Receipt this Period 480.00
 Memo Item

C. Holly R Townsend
Full Name (Last, First, Middle Initial)
Mailing Address 319 Forrest Drive
City Gettysburg State PA Zip Code 17325
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Occupation Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 204.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40443
Amount of Each Receipt this Period 119.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **849.00**
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 32 OF 43
	<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. Rami Ubaydi
Full Name (Last, First, Middle Initial)

Mailing Address 6519 Chatham Circle

City Rochester Hills State MI Zip Code 48306

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40444

Amount of Each Receipt this Period 600.00

Memo Item

B. Eliza Beth Weatherholtz
Full Name (Last, First, Middle Initial)

Mailing Address 1368 Fritztown Road

City Reinholds State PA Zip Code 17569

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

Name of Employer HCR Manor Care, Inc. Occupation National Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11AI.40447

Amount of Each Receipt this Period 160.00

Memo Item

C. CYNTHIA WINIARSKI
Full Name (Last, First, Middle Initial)

Mailing Address 3241 Rockcross Ct

City Ann Arbor, State MI Zip Code 48103

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

Name of Employer HCR ManorCare Occupation IS Manager, Data Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2016
Transaction ID : SA11AI.40139

Amount of Each Receipt this Period 500.00

Memo Item

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1260.00

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 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Benjuiman Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 7822 NE 24th Ct.
 City Vancouver State WA Zip Code 98665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.40450
 Amount of Each Receipt this Period **153.00**
 Memo Item

B. Julie A Yoxtheimer
 Full Name (Last, First, Middle Initial)
 Mailing Address 249 E Pearl St
 City Findlay State OH Zip Code 45840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation Sr Reimbursement Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **405.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.40451
 Amount of Each Receipt this Period **280.00**
 Memo Item

C. Cynthia M Zalewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 3845 Drummond Rd
 City Toledo State OH Zip Code 43613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation Senior Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **796.11**

Date of Receipt **06 / 30 / 2016**
Transaction ID : SA11AI.40453
 Amount of Each Receipt this Period **507.66**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	940.66
TOTAL This Period (last page this line number only).....	37894.16

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 04 / 2016

Transaction ID : **SB21B.40454**

Amount of Each Disbursement this Period: 70.95

Memo Item

Full Name (Last, First, Middle Initial)

B. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 04 / 2016

Transaction ID : **SB21B.40455**

Amount of Each Disbursement this Period: 43.10

Memo Item

Full Name (Last, First, Middle Initial)

C. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 15 / 2016

Transaction ID : **SB21B.40456**

Amount of Each Disbursement this Period: 29.03

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 143.08

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2016

Transaction ID : **SB21B.40457**

Amount of Each Disbursement this Period

41.30

Memo Item

Full Name (Last, First, Middle Initial)

B. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2016

Transaction ID : **SB21B.40458**

Amount of Each Disbursement this Period

8.25

Memo Item

Full Name (Last, First, Middle Initial)

C. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2016

Transaction ID : **SB21B.40459**

Amount of Each Disbursement this Period

5.00

Memo Item

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

54.55

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : SB21B.40460

Amount of Each Disbursement this Period

47.30

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

47.30

244.93

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : **SB23.40166**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Transaction ID : **SB23.40134**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DWIGHT EVANS FOR CONGRESS

Mailing Address PO BOX 6578

City PHILADELPHIA State PA Zip Code 19138

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: PA District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : **SB23.40176**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD. #412

City PALM BEACH GARDENS State FL Zip Code 33418

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : SB23.40179

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : SB23.40202

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. IOWA HEALTH PAC

Mailing Address 1775 90th St

City West Des Moines State IA Zip Code 50266

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : SB23.40201

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5500.00

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

Full Name (Last, First, Middle Initial)

A. LEVIN FOR CONGRESS

Mailing Address PO BOX 37

City ROSEVILLE State MI Zip Code 48066

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MI District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : SB23.40165

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MAKING AMERICA PROSPEROUS PAC

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : SB23.40182

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MCCARTHY VICTORY FUND 2014

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : SB23.40168

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address **425 SECOND STREET NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: **04 / 15 / 2016**

Transaction ID : SB23.40133

Amount of Each Disbursement this Period: **5000.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. JAMES B RENACCI

Mailing Address **PO BOX 88**

City **WADSWORTH** State **OH** Zip Code **44282**

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: **OH** District: **16**

Date of Disbursement: **05 / 02 / 2016**

Transaction ID : SB23.40160

Amount of Each Disbursement this Period: **2500.00**

Memo Item

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

Mailing Address **2931 E DUBLIN GRANVILLE ROAD
SUITE 190**

City **COLUMBUS** State **OH** Zip Code **43231**

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: **OH** District: **12**

Date of Disbursement: **06 / 21 / 2016**

Transaction ID : SB23.40200

Amount of Each Disbursement this Period: **5000.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional).....	12500.00
TOTAL This Period (last page this line number only).....	31000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Build PA PAC

Mailing Address 816 Highfield Court

City Coraopolis State PA Zip Code 15108

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : SB29.40162

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for a Better Pennsylvania

Mailing Address 112 State Street

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2016

Transaction ID : SB29.40172

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Cliff Rosenberger

Mailing Address 7027 State Route 350 West
PO Box 343

City Clarksville State OH Zip Code 45113

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2016

Transaction ID : SB29.40144

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MIKE TURZAI

Mailing Address 125 Hillvue Ln

City Pittsburgh State PA Zip Code 15237

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : **SB29.40167**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Ryan Smith

Mailing Address 63 Cedar Street

City Gallipolis State OH Zip Code 45631

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2016

Transaction ID : **SB29.40149**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Warren Kampf

Mailing Address 14 Calvert Circle

City Paoli State PA Zip Code 19301

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2016

Transaction ID : **SB29.40151**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

5000.00

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

Full Name (Last, First, Middle Initial)

A. Jay Costa for State Senate

Mailing Address 314 Newport Road

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : SB29.40199

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pelenda for State Representative

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 19 / 2016

Transaction ID : SB29.40148

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

2500.00

12000.00