

**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	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">48378.69</td></tr></table>	48378.69
Y	Y	Y	Y									
2	0	0	7									
48378.69												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">48378.69</td></tr></table>	48378.69										
48378.69												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">106707.99</td></tr></table>	106707.99	<table border="1" style="width: 100%;"><tr><td align="right">106707.99</td></tr></table>	106707.99								
106707.99												
106707.99												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">155086.68</td></tr></table>	155086.68	<table border="1" style="width: 100%;"><tr><td align="right">155086.68</td></tr></table>	155086.68								
155086.68												
155086.68												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">87568.89</td></tr></table>	87568.89	<table border="1" style="width: 100%;"><tr><td align="right">87568.89</td></tr></table>	87568.89								
87568.89												
87568.89												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">67517.79</td></tr></table>	67517.79	<table border="1" style="width: 100%;"><tr><td align="right">67517.79</td></tr></table>	67517.79								
67517.79												
67517.79												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	84493.06	84493.06
(i) Itemized (use Schedule A)	21985.03	21985.03
(ii) Unitemized	106478.09	106478.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	106478.09	106478.09
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.)	229.90	229.90
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))	106707.99	106707.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	106707.99	106707.99

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72500.00	72500.00
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.....	15068.89	15068.89
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))..	87568.89	87568.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	87568.89	87568.89

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	106478.09	106478.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	106478.09	106478.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 67
	<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. Barmak Akbar-khanzadeh		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address 5514 Waterford Circle		Transaction ID: SA11A1.27018
City State Zip Code Sheffield Village OH 44035	Amount of Each Receipt this Period 249.99	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 19.23	
Name of Employer Occupation HCR Manor Care, Inc. Divisional Dir Ops Support	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Martin Allen		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address 7151 Whispering Oak		Transaction ID: SA11A1.27019
City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 665.38	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 57.69	
Name of Employer Occupation HCR. Manor Care, Inc Assistant Vice President	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 665.38	

Full Name (Last, First, Middle Initial) C. Helen Arnold		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 9584 White Pillar Terrace		Transaction ID: SA11A1.26987
City State Zip Code Gaithersburg MD 20882	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation HCR Manor Care, Inc Purchasing Manager	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 252.00	

SUBTOTAL of Receipts This Page (optional) ▶	1115.37
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 67
	<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. Lisa Arnold		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 36832 Meadow Creek Ct		Transaction ID: SA11A1.27024
City Magnolia	State TX	Zip Code 77355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	Bi-weekly payroll deduction - 20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Jocelyn Barnes		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 428 169th Court NE		Transaction ID: SA11A1.27034
City Bradenton	State FL	Zip Code 34212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 540.00
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	Bi-weekly payroll deduction - 45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) C. Joseph Barrick		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 448 Woodcrest Drive		Transaction ID: SA11A1.27118
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - York South	Bi-weekly payroll deduction - 20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	1060.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 67
	<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. Charles Batcher		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 910 Orchard Drive		Transaction ID: SA11A1.27119
City State Zip Code Rossford OH 43460	Amount of Each Receipt this Period 520.00	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 40	
Name of Employer HCR Manor Care, Inc.	Occupation Director - Dementia Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. Ms Julie Beckert		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 3911 Buell		Transaction ID: SA11A1.27123
City State Zip Code Toledo OH 43613	Amount of Each Receipt this Period 219.26	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 28.85	
Name of Employer HCR Manor Care, Inc.	Occupation Director of Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.26	

Full Name (Last, First, Middle Initial) C. Ms. Karen Bell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1220 North Street		Transaction ID: SA11A1.27124
City State Zip Code Bowling Green OH 43402	Amount of Each Receipt this Period 249.99	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 19.23	
Name of Employer HCR.ManorCare, Inc.	Occupation Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional) ▶	989.25
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 67
	<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)
Jane E Bibb-Williams

Mailing Address 10003 Autumn Garden Way

City State Zip Code
Louisville KY 40229

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 ▼ 325.00

Date of Receipt
06 / 27 / 2007

Transaction ID: SA11A1.27127

Amount of Each Receipt this Period
325.00

Bi-weekly payroll deduction - 25

B. Full Name (Last, First, Middle Initial)
Pamela Britt

Mailing Address 27135 State Route 49

City State Zip Code
Potomac IL 61865

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
06 / 20 / 2007

Transaction ID: SA11A1.27138

Amount of Each Receipt this Period
650.00

Bi-weekly payroll deduction - 50

C. Full Name (Last, First, Middle Initial)
Timothy Burchill

Mailing Address 1121 6th St SW

City State Zip Code
Minot ND 58701

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 ▼ 245.00

Date of Receipt
06 / 27 / 2007

Transaction ID: SA11A1.27143

Amount of Each Receipt this Period
245.00

Bi-weekly payroll deduction - 15

SUBTOTAL of Receipts This Page (optional)	▶	1220.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 67
	<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. Mrs. Kim Gregory Byk		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 2202 Liberty Street South		Transaction ID: SA11A1.27147	
City State Zip Code Canton MI 48188	Amount of Each Receipt this Period 480.72		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 47.86		
Name of Employer HCR.ManorCare, Inc.	Occupation Director of Clinical Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.72		

Full Name (Last, First, Middle Initial) B. Carole Campbell		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 162 Brady St		Transaction ID: SA11A1.27151	
City State Zip Code Charleston SC 29492	Amount of Each Receipt this Period 249.99		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 19.23		
Name of Employer HCR. Manor Care, Inc	Occupation Regional Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99		

Full Name (Last, First, Middle Initial) C. Steven M Cavanaugh		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 9036 Sand Ridge Drive		Transaction ID: SA11A1.27158	
City State Zip Code Holland OH 43528	Amount of Each Receipt this Period 480.75		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 96.15		
Name of Employer HCR ManorCare Inc.	Occupation VP Corporate Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.75		

SUBTOTAL of Receipts This Page (optional) ▶	1211.46
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 67
	<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)
Steven M Cavanaugh

Mailing Address 9036 Sand Ridge Drive

City State Zip Code
Holland OH 43528

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

Name of Employer Occupation
HCR ManorCare Inc. VP Corporate Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4880.75

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2007

Transaction ID: SA11A1.26930

Amount of Each Receipt this Period
4400.00

Contribution

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

Mailing Address 3077 N. Oakland Forest Dr. #202

City State Zip Code
Oakland Park FL 33309

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

Name of Employer Occupation
HCR ManorCare Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2007

Transaction ID: SA11A1.27159

Amount of Each Receipt this Period
390.00

Bi-weekly payroll deduction - 30

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

Mailing Address 620 Ashbury Drive

City State Zip Code
Perrysburg OH 43551

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1791.58

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2007

Transaction ID: SA11A1.27160

Amount of Each Receipt this Period
1791.58

Bi-weekly payroll deduction - 190

SUBTOTAL of Receipts This Page (optional)	6581.58
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms Lisa Cherry		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 1971 A Allwood Drive		Transaction ID: SA11A1.27161	
City Bethlehem	State PA	Zip Code 18018	Amount of Each Receipt this Period 221.17
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - 15.38	
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Aggregate Year-to-Date 221.17	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Shawn P Corley		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 4009 Top Flite Lane		Transaction ID: SA11A1.27166	
City Mason	State OH	Zip Code 45040	Amount of Each Receipt this Period 535.38
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - 47.69	
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	Aggregate Year-to-Date 535.38	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Ms Pamela Cox		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 6238 Shadowood Circle		Transaction ID: SA11A1.27168	
City Naples	State FL	Zip Code 34112	Amount of Each Receipt this Period 345.00
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - 35	
Name of Employer HCR.ManorCare, Inc.	Occupation Administrator	Aggregate Year-to-Date 345.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1101.55
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 67
	<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. Douglas Crail		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 5704 Ashbrook Drive		Transaction ID: SA11A1.27169	
City State Zip Code Toledo OH 43614	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 25		
Name of Employer HCR Manor Care, Inc.	Occupation Quality Management Director - IS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) B. Ms. Victoria Crenshaw		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 736 Va Dare Drive		Transaction ID: SA11A1.27170	
City State Zip Code Virginia Beach VA 23451	Amount of Each Receipt this Period 650.00		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 50		
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. Jamie S D'Angelo		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 26 Oakland Ave		Transaction ID: SA11A1.27177	
City State Zip Code Wheeling WV 26003	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 20		
Name of Employer HCR ManorCare Inc.	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	1235.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 67
	<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)
Elizabeth Daniels

Mailing Address 4334 Bartholow Road

City State Zip Code
Sykesville MD 21784

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
06 / 29 / 2007

Transaction ID: SA11A1.26990

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Karen Davidson

Mailing Address 612 West Magnolia

City State Zip Code
Pana IL 62557

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

Name of Employer Occupation
HCR Manor Care, Inc. DCS - Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.84

Date of Receipt
06 / 27 / 2007

Transaction ID: SA11A1.27179

Amount of Each Receipt this Period
378.84

Bi-weekly payroll deduction - 51.92

C. Full Name (Last, First, Middle Initial)
Daniel Deitzel III

Mailing Address PO Box 5175

City State Zip Code
Harrisburg PA 17110

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
05 / 16 / 2007

Transaction ID: SA11A1.27191

Amount of Each Receipt this Period
250.00

Bi-weekly payroll deduction - 25

SUBTOTAL of Receipts This Page (optional)	878.84
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 67
	<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)
Janet Diehl

Mailing Address 3903 Barbara Ann Drive

City State Zip Code
Monroeville PA 15146

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 ▼ 250.12

Date of Receipt
MM / DD / YYYY
06 / 28 / 2007

Transaction ID: SA11A1.27199

Amount of Each Receipt this Period
250.12

Weekly payroll deduction - 9.62

B. Full Name (Last, First, Middle Initial)
Mr. Timothy Dietzen

Mailing Address 3615 Sunnyview Road

City State Zip Code
Appleton WI 54914

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

Name of Employer Occupation
HCR Manor Care, Inc Administrator - Appleton

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2007

Transaction ID: SA11A1.27200

Amount of Each Receipt this Period
325.00

Bi-weekly payroll deduction - 25

C. Full Name (Last, First, Middle Initial)
Mr. Larry Doenitz

Mailing Address 3162 Crystal Court

City State Zip Code
Lambertville MI 48144

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2007

Transaction ID: SA11A1.26976

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1075.12
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms Nancy Edwards		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 5726 Rolbesay Drive		Transaction ID: SA11A1.27211	
City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 1153.80		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 115.38		
Name of Employer HCR.ManorCare, Inc.	Occupation General Manager, Central Division		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80		

Full Name (Last, First, Middle Initial) B. Mr. R. Michael Ferguson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 2450 Underhill Road		Transaction ID: SA11A1.27219	
City State Zip Code Toledo OH 43615	Amount of Each Receipt this Period 384.60		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 38.46		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Purchasing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60		

Full Name (Last, First, Middle Initial) C. Ms. Veronica Fogelman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 848 Miami Street		Transaction ID: SA11A1.26937	
City State Zip Code Toledo OH 43605	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer HCR.ManorCare, Inc.	Occupation Assistant Vice President		
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) ▶	2038.40
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 67
	<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 Annette Foght

Mailing Address 201 W. Hull Drive

City State Zip Code
Delaware OH 43015

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 ▼ 390.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2007

Transaction ID: SA11A1.27224

Amount of Each Receipt this Period
390.00

Bi-weekly payroll deduction - 30

B. 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
MM / DD / YYYY
04 / 02 / 2007

Transaction ID: SA11A1.26938

Amount of Each Receipt this Period
250.00

Contribution

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

Mailing Address 705A Allentown Rd

City State Zip Code
Sellersville PA 18960

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

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2007

Transaction ID: SA11A1.27227

Amount of Each Receipt this Period
260.00

Bi-weekly payroll deduction - 20

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms. Sally Gates		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 2011 20th Lane		Transaction ID: SA11A1.27233	
City State Zip Code Palm Beach Gardens FL 33418	Amount of Each Receipt this Period 520.00		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 40		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) B. Mark Gloth		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2007	
Mailing Address 2322 Hidden Brook Road		Transaction ID: SA11A1.27035	
City State Zip Code Finksburg MD 21048	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	One time payroll deduction - 5,000		
Name of Employer HCR Manor Care, Inc.	Occupation VP - Chief Medical Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Lynda Gluch		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 8740 Paulina		Transaction ID: SA11A1.26973	
City State Zip Code Grosse Ile MI 48138	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Credit Card Contribution		
Name of Employer HCR.ManorCare, Inc.	Occupation Director Dietary Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	6520.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 67
	<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 ▼ 307.70

Date of Receipt
06 / 27 / 2007

Transaction ID: SA11A1.27241

Amount of Each Receipt this Period
307.70

Bi-weekly payroll deduction - 153.85

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 ▼ 700.05

Date of Receipt
06 / 27 / 2007

Transaction ID: SA11A1.27244

Amount of Each Receipt this Period
700.05

Bi-weekly payroll deduction - 53.85

C. Full Name (Last, First, Middle Initial)
Jeffrey Grillo

Mailing Address 20566 Courier Ridge Place

City Ashburn State VA Zip Code 20147

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

Name of Employer HCR ManorCare Inc. Occupation VP^ Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
05 / 16 / 2007

Transaction ID: SA11A1.27245

Amount of Each Receipt this Period
800.00

Bi-weekly payroll deduction - 80

SUBTOTAL of Receipts This Page (optional)	▶	1807.75
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 67
	<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. Stephen L Guillard		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 217 Garden St.		Transaction ID: SA11A1.27249	
City Needham	State MA	Zip Code 02492	Amount of Each Receipt this Period 1346.17
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - 192.31	
Name of Employer HCR ManorCare Inc.	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.17		

Full Name (Last, First, Middle Initial) B. Mary Susan Harber		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2007	
Mailing Address 1590 Liberty Street		Transaction ID: SA11A1.26956	
City Keyser	State WV	Zip Code 26726	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer HCR Manor Care, Inc.	Occupation Director - Clinical Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Mr. Alan Hash		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 9496South Dunbar Circle		Transaction ID: SA11A1.27253	
City South Jordan	State UT	Zip Code 84095	Amount of Each Receipt this Period 270.00
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - 25	
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director - Western Division 5		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional) ▶	1916.17
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 67
	<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. Kevin C Henricks		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 23 Chicago St. Apt.G		Transaction ID: SA11A1.27257	
City State Zip Code Plainfield IL 60544	Amount of Each Receipt this Period 511.00		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 40		
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 ▼ 511.00		

Full Name (Last, First, Middle Initial) B. Maureen Hines		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 640 Weatherstone Rd		Transaction ID: SA11A1.27261	
City State Zip Code Holland OH 43528	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 20		
Name of Employer HCR ManorCare Inc.	Occupation Dir Nursing Leadership Develop		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. Mr. Paul E. Hoffman		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 4829 Rhone Drive		Transaction ID: SA11A1.27263	
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 276.73		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 22.39		
Name of Employer HCR Manor Care, Inc.	Occupation Director of Ops Support - Midstates		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.73		

SUBTOTAL of Receipts This Page (optional) ▶	1047.73
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 67
	<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)
Sharon Hollins

Mailing Address 3311 Gallatin Road

City Toledo State OH Zip Code 43606

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

Name of Employer HCR Manor Care, Inc. Occupation Asst General Counsel - Legal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: SA11A1.26931

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
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 ▼ 850.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2007

Transaction ID: SA11A1.27265

Amount of Each Receipt this Period
850.00

Bi-weekly payroll deduction - 95

C. Full Name (Last, First, Middle Initial)
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 ▼ 520.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2007

Transaction ID: SA11A1.27266

Amount of Each Receipt this Period
520.00

Bi-weekly payroll deduction - 40

SUBTOTAL of Receipts This Page (optional)	2370.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 67
	<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. Jeffrey R House		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 11699 Bennington Rd		Transaction ID: SA11A1.27267
City State Zip Code Durand MI 48429	Amount of Each Receipt this Period 520.00	
FEC ID number of contributing federal political committee. C	Weekly payroll deduction - 20	
Name of Employer Occupation HCR ManorCare Inc. General Manager	Aggregate Year-to-Date ▼ 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Janet Howells		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 266 Crossing Creek North		Transaction ID: SA11A1.26957
City State Zip Code Gahanna OH 43230	Amount of Each Receipt this Period 1200.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation HCR ManorCare, Inc. Assistant Vice President of Rehab	Aggregate Year-to-Date ▼ 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. John Huber		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 26448 Carronade Drive		Transaction ID: SA11A1.27269
City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 420.00	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 45	
Name of Employer Occupation HCR ManorCare, Inc. Regional Director of Operations	Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2140.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 67
	<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. Ronald R Huggins		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7	
Mailing Address 3206 Knoll Manor		Transaction ID: SA11A1.27272	
City State Zip Code Kingwood TX 77328	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 25		
Name of Employer HCR Manor Care, Inc.	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) B. Carla Davis Hughes		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 745 Washington Street #603		Transaction ID: SA11A1.27180	
City State Zip Code Toledo OH 43624	Amount of Each Receipt this Period 499.98		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 38.46		
Name of Employer HCR Manor Care, Inc.	Occupation VP of Sales- Mktg - HHHH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98		

Full Name (Last, First, Middle Initial) C. Carla Davis Hughes		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 745 Washington Street #603		Transaction ID: SA11A1.26994	
City State Zip Code Toledo OH 43624	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer HCR Manor Care, Inc.	Occupation VP of Sales- Mktg - HHHH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.98		

SUBTOTAL of Receipts This Page (optional) ▶	1824.98
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 67
	<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)
Rebecca J Hullinger

Mailing Address 1250 Horseshoe Cir #105

City State Zip Code
Ann Arbor MI 48108

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

Name of Employer Occupation
HCR ManorCare Inc. Clinical Prog Implem Consult

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2007

Transaction ID: SA11A1.27273

Amount of Each Receipt this Period
520.00

Bi-weekly payroll deduction - 40

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

Mailing Address 3466 Country Farms Road

City State Zip Code
Oregon OH 43616

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 16 / 2007

Transaction ID: SA11A1.27275

Amount of Each Receipt this Period
300.00

Bi-weekly payroll deduction - 30

C. Full Name (Last, First, Middle Initial)
Ms Diane Johnson

Mailing Address 206 Ruth Road

City State Zip Code
Fleetwood PA 19522

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 576.90

Date of Receipt
M M / D D / Y Y Y Y
05 / 16 / 2007

Transaction ID: SA11A1.27278

Amount of Each Receipt this Period
576.90

Bi-weekly payroll deduction - 57.69

SUBTOTAL of Receipts This Page (optional)	▶	1396.90
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 67
	<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)
Ginnette K Johnson

Mailing Address 441 Franklin Street

City State Zip Code
West Reading PA 19611

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 ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2007

Transaction ID: SA11A1.27279

Amount of Each Receipt this Period
260.00

Bi-weekly payroll deduction - 20

B. Full Name (Last, First, Middle Initial)
Lisa J. Jurski

Mailing Address 1934 Delence Street

City State Zip Code
Toledo OH 43605

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

Name of Employer Occupation
HCR ManorCare, Inc. Senior Manager - Workers Comp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: SA11A1.26932

Amount of Each Receipt this Period
300.00

Contribution

C. Full Name (Last, First, Middle Initial)
Vivian Kiraly

Mailing Address 103 Kama Lane

City State Zip Code
Cross Lanes WV 25313

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 ▼ 233.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2007

Transaction ID: SA11A1.27306

Amount of Each Receipt this Period
233.00

Bi-weekly payroll deduction - 26.50

SUBTOTAL of Receipts This Page (optional) ▶ **793.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 67
	<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. Linda Hu Kishtok		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7		
Mailing Address 109 Crystal Drive		Transaction ID: SA11A1.27308		
City State Zip Code Schwenksville PA 19473	Amount of Each Receipt this Period 249.99		Bi-weekly payroll deduction - 19.23	
FEC ID number of contributing federal political committee. C				
Name of Employer HCR Manor Care, Inc.	Occupation Division Rehab Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99			

Full Name (Last, First, Middle Initial) B. Melissa M Krider		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7		
Mailing Address 6601 North Randwick		Transaction ID: SA11A1.27315		
City State Zip Code Peoria IL 61615	Amount of Each Receipt this Period 325.00		Bi-weekly payroll deduction - 25	
FEC ID number of contributing federal political committee. C				
Name of Employer HCR Manor Care, Inc.	Occupation LPN Nursing Supervisor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00			

Full Name (Last, First, Middle Initial) C. Mr. David Lanning		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7		
Mailing Address 806 Copley Lane		Transaction ID: SA11A1.27319		
City State Zip Code Silver Spring MD 20904	Amount of Each Receipt this Period 1250.00		Bi-weekly payroll deduction - 125	
FEC ID number of contributing federal political committee. C				
Name of Employer HCR Manor Care, Inc.	Occupation Vice President, Development			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00			

SUBTOTAL of Receipts This Page (optional) ▶	1824.99
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 67
	<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)
Barry Lazarus

Mailing Address 2629 Liverpool Court

City Toledo State OH Zip Code 43617

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

Name of Employer HCR.Manor Care, Inc. Occupation VP - Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
05 / 30 / 2007

Transaction ID: SA11A1.27323

Amount of Each Receipt this Period
825.00

Bi-weekly payroll deduction - 75

B. Full Name (Last, First, Middle Initial)
Barry Lazarus

Mailing Address 2629 Liverpool Court

City Toledo State OH Zip Code 43617

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

Name of Employer HCR.Manor Care, Inc. Occupation VP - Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2825.00

Date of Receipt
06 / 29 / 2007

Transaction ID: SA11A1.26997

Amount of Each Receipt this Period
2000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Larry C Lester

Mailing Address 13507 Westbrook

City Plymouth State MI Zip Code 48170

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

Name of Employer HCR ManorCare Inc. Occupation General Mgr^ VP Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
06 / 27 / 2007

Transaction ID: SA11A1.27325

Amount of Each Receipt this Period
999.96

Bi-weekly payroll deduction - 76.92

SUBTOTAL of Receipts This Page (optional)	3824.96
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 67
	<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. Carrie Lund		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7		
Mailing Address 14802 Dunston Place		Transaction ID: SA11A1.27334		
City State Zip Code Tampa FL 33618	Amount of Each Receipt this Period 499.98		Bi-weekly payroll deduction - 38.46	
FEC ID number of contributing federal political committee. C				
Name of Employer HCR Manor Care, Inc.	Occupation Sr. Administrator - Palm Harbor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98			

Full Name (Last, First, Middle Initial) B. Jill Matelan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7		
Mailing Address 700 Golden Drive		Transaction ID: SA11A1.27342		
City State Zip Code Blandon PA 19510	Amount of Each Receipt this Period 362.00		Bi-weekly payroll deduction - 26	
FEC ID number of contributing federal political committee. C				
Name of Employer HCR Manor Care, Inc	Occupation Administrator - Sinking Spring			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 362.00			

Full Name (Last, First, Middle Initial) C. Mrs. Mary McKain-Knepper		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7		
Mailing Address R 458 Plane Street		Transaction ID: SA11A1.26975		
City State Zip Code Weatherly PA 18255	Amount of Each Receipt this Period 250.00		Contribution	
FEC ID number of contributing federal political committee. C				
Name of Employer HCR.ManorCare, Inc.	Occupation Clinical Services Manager			
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) ▶	1111.98
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 67
	<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. Deborah A McMonagle		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 1632 Patricia Ave		Transaction ID: SA11A1.27347
City Willow Grove State PA Zip Code 19090	Amount of Each Receipt this Period 380.00	
FEC ID number of contributing federal political committee. C	Weekly payroll deduction - 20	
Name of Employer HCR ManorCare Inc. Occupation General Manager	Aggregate Year-to-Date 380.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Murry Mercier		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 7110 Oak Bluff Lane		Transaction ID: SA11A1.27349
City Maumee State OH Zip Code 43537	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 100	
Name of Employer HCR Manor Care, Inc. Occupation VP - Information Systems	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Michelle M Meyer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 28 W. Linwood Rd.		Transaction ID: SA11A1.27351
City Linwood State MI Zip Code 48634	Amount of Each Receipt this Period 208.00	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 16	
Name of Employer HCR ManorCare Inc. Occupation Administrator	Aggregate Year-to-Date 208.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	1588.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 67
	<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. Debra I Miles		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7		
Mailing Address 17738 W. River Rd.		Transaction ID: SA11A1.27353		
City State Zip Code Bowling Green OH 43402	Amount of Each Receipt this Period 254.59		Bi-weekly payroll deduction - 20.38	
FEC ID number of contributing federal political committee. C				
Name of Employer HCR ManorCare Inc.	Occupation Director^ Accounting			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.59			

Full Name (Last, First, Middle Initial) B. Scott Miller		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7		
Mailing Address 198 Old Mill Drive		Transaction ID: SA11A1.27360		
City State Zip Code Langhorne PA 19047	Amount of Each Receipt this Period 507.68		Bi-weekly payroll deduction - 42.31	
FEC ID number of contributing federal political committee. C				
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.68			

Full Name (Last, First, Middle Initial) C. Mr. Doug Mock		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7		
Mailing Address 308 East Front Street		Transaction ID: SA11A1.26969		
City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 1000.00		Contribution	
FEC ID number of contributing federal political committee. C				
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Ops			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional) ▶	1762.27
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 67
	<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)
Spencer Moler

Mailing Address 8645 Ponte Vedra Court

City State Zip Code
Holland OH 43528

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

Name of Employer Occupation
HCR Manor Care, Inc. VP/Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1346.17

Date of Receipt
MM / DD / YYYY
06 / 27 / 2007

Transaction ID: SA11A1.27362

Amount of Each Receipt this Period
1346.17

Bi-weekly payroll deduction - 192.31

B. Full Name (Last, First, Middle Initial)
Ms Susan Morey

Mailing Address 700 Hunters Road

City State Zip Code
Mohnton PA 19540

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
MM / DD / YYYY
06 / 27 / 2007

Transaction ID: SA11A1.27365

Amount of Each Receipt this Period
650.00

Bi-weekly payroll deduction - 50

C. Full Name (Last, First, Middle Initial)
Terrance Murphy

Mailing Address 2379 Schaffer Road

City State Zip Code
Pottstown PA 19464

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 ▼
390.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2007

Transaction ID: SA11A1.27371

Amount of Each Receipt this Period
390.00

Bi-weekly payroll deduction - 30

SUBTOTAL of Receipts This Page (optional) ► **2386.17**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms Joylin Nation		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 15985 Voyageurs Place		Transaction ID: SA11A1.27372	
City State Zip Code West Palm Beach FL 33414	Amount of Each Receipt this Period 394.27		Bi-weekly payroll deduction - 38.46
FEC ID number of contributing federal political committee. C			
Name of Employer HCR Manor Care, Inc.	Occupation Senior Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 394.27		

Full Name (Last, First, Middle Initial) B. David K Nees		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 5315 Rymoor Drive		Transaction ID: SA11A1.27373	
City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 400.65		Bi-weekly payroll deduction - 84
FEC ID number of contributing federal political committee. C			
Name of Employer HCR. Manor Care, Inc	Occupation Associate General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.65		

Full Name (Last, First, Middle Initial) C. Linda Neumann		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 28 Roslyn Road		Transaction ID: SA11A1.27375	
City State Zip Code Grosse Pointe Shor MI 48236	Amount of Each Receipt this Period 531.06		Bi-weekly payroll deduction - 54
FEC ID number of contributing federal political committee. C			
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 ▼ 531.06		

SUBTOTAL of Receipts This Page (optional) ▶	1325.98
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 67
	<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)
Mrs. Cynthia L. Norgan

Mailing Address 122 Deer Hollow Drive

City State Zip Code
Boerne TX 78006

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

Name of Employer Occupation
HCR Manor Care, Inc. Manager of Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2007

Transaction ID: SA11A1.26961

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Gordon Ochs

Mailing Address 2505 Waterford Court

City State Zip Code
Palmetto FL 34221-5911

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

Name of Employer Occupation
HCR ManorCare, Inc. Regional Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2007

Transaction ID: SA11A1.27380

Amount of Each Receipt this Period
400.00

Bi-weekly payroll deduction - 50

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

Mailing Address 12331 South 71st Avenue

City State Zip Code
Palos Heights IL 60463

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2007

Transaction ID: SA11A1.27382

Amount of Each Receipt this Period
650.00

Bi-weekly payroll deduction - 50

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 67
	<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. Ms. Annette Orlowski		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 669 Highway 60		Transaction ID: SA11A1.27383	
City State Zip Code Cedarburg WI 53012	Amount of Each Receipt this Period 750.25		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 57.83		
Name of Employer Occupation HCR.ManorCare, Inc. Director, Clinical Services	Aggregate Year-to-Date 750.25		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Paul A. Ormond		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 2420 Underhill Road		Transaction ID: SA11A1.26928	
City State Zip Code Toledo OH 43615	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. President/CEO	Aggregate Year-to-Date 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Susan Ormond		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 2420 Underhill Road		Transaction ID: SA11A1.26929	
City State Zip Code Toledo OH 43615	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation HCR Manor Care, Inc. CEO Admin Asst.	Aggregate Year-to-Date 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	10750.25
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. James Pagoaga		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address 13129 Fox Path Lane		Transaction ID: SA11A1.27386
City State Zip Code West Friendship MD 21794	Amount of Each Receipt this Period 499.98	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 38.46	
Name of Employer Occupation HCR.ManorCare, Inc. Vice President, Rehabilitation	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 499.98	

Full Name (Last, First, Middle Initial) B. Mr. David Parker		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address 2154 Tremont Road		Transaction ID: SA11A1.27388
City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 783.52	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 65.38	
Name of Employer Occupation HCR.ManorCare, Inc. VP Assistant General Manager	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 783.52	

Full Name (Last, First, Middle Initial) C. Richard A Parr II		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address 2253 Gray Fox Court		Transaction ID: SA11A1.27389
City State Zip Code Ann Arbor MI 48103	Amount of Each Receipt this Period 384.62	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 192.31	
Name of Employer Occupation HCR Manor Care, Inc. VP - General Counsel & Secretary	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 384.62	

SUBTOTAL of Receipts This Page (optional) ▶	1668.12
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 67
	<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. Douglas M Parson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7	
Mailing Address 812 Countay Club Drive		Transaction ID: SA11A1.27390	
City State Zip Code Butler MO 64730	Amount of Each Receipt this Period 258.50		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 19.25		
Name of Employer Occupation HCR ManorCare Inc. Administrator	Aggregate Year-to-Date 258.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Ms Karen Phelps		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address Route 4, Box 87P		Transaction ID: SA11A1.27394	
City State Zip Code Tecumseh OK 74873	Amount of Each Receipt this Period 357.00		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 30		
Name of Employer Occupation HCR ManorCare, Inc. Manager Clinical Services	Aggregate Year-to-Date 357.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. David III Pipkin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 9211 Marydell Rd		Transaction ID: SA11A1.27396	
City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 390.00		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 30		
Name of Employer Occupation HCR ManorCare Inc. Regional Director of Operation	Aggregate Year-to-Date 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1005.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 67
	<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. Clifton J Porter II		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 3929 Azalea Circle		Transaction ID: SA11A1.27398	
City State Zip Code Maumee OH 43537		Amount of Each Receipt this Period 647.49	
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - 61.53	
Name of Employer Occupation HCR ManorCare Inc. AVP^ Government Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 647.49	

Full Name (Last, First, Middle Initial) B. Michael J Reed		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 3899 Midshore Drive		Transaction ID: SA11A1.27410	
City State Zip Code Naples FL 34109		Amount of Each Receipt this Period 1078.82	
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - 86.54	
Name of Employer Occupation HCR Manor Care, Inc. VP Assisted Living Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1078.82	

Full Name (Last, First, Middle Initial) C. John I Remenar		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 2723 Rexton Ridge Rd		Transaction ID: SA11A1.27412	
City State Zip Code Toledo OH 43617		Amount of Each Receipt this Period 848.48	
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - 149.24	
Name of Employer Occupation HCR ManorCare Inc. VP Financial Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 848.48	

SUBTOTAL of Receipts This Page (optional) ▶	2574.79
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 67
	<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. Glen Roebuck		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 314 Forest Road		Transaction ID: SA11A1.27419	
City State Zip Code Davenport IA 52803		Amount of Each Receipt this Period 340.00	
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - 40	
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 ▼ 340.00		

Full Name (Last, First, Middle Initial) B. David R Roth		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 5257 Bentwood Drive		Transaction ID: SA11A1.27425	
City State Zip Code Mason OH 45040		Amount of Each Receipt this Period 279.73	
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - 22	
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 ▼ 279.73		

Full Name (Last, First, Middle Initial) C. Lynette M Rugg		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 1348 Oakland Circle		Transaction ID: SA11A1.27428	
City State Zip Code N. Aurora IL 60542		Amount of Each Receipt this Period 213.54	
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - 24.27	
Name of Employer HCR Manor Care, Inc.	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.54		

SUBTOTAL of Receipts This Page (optional) ▶	833.27
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 67
	<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)
Richard G Rump

Mailing Address 2423 Heather Glen Dr

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
HCR ManorCare Inc. Dir^ Corporate Communication

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2007

Transaction ID: SA11A1.27429

Amount of Each Receipt this Period
249.99

Bi-weekly payroll deduction - 19.23

B. Full Name (Last, First, Middle Initial)
Ms Jane M. Russell

Mailing Address 420 South Clinton Avenue

City State Zip Code
Chicago IL 60607

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

Name of Employer Occupation
HCR Manor Care, Inc. Executive Director - Elk Grove Arden

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2007

Transaction ID: SA11A1.26964

Amount of Each Receipt this Period
500.00

Contribution

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

Mailing Address 4007 Thistle Hill Court

City State Zip Code
Sugar Land TX 77479

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

Name of Employer Occupation
HCR ManorCare Inc. VP^ Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 16 / 2007

Transaction ID: SA11A1.27445

Amount of Each Receipt this Period
800.00

Bi-weekly payroll deduction - 80

SUBTOTAL of Receipts This Page (optional)	▶	1549.99
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 67
	<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. Bruce G Schroeder		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address 10945 Lakeview Dr		Transaction ID: SA11A1.27446
City State Zip Code Whitehouse OH 43571	Amount of Each Receipt this Period 340.00	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 60	
Name of Employer Occupation HCR ManorCare Inc. AVP Home Health	Aggregate Year-to-Date 340.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Mr. Mark Schroepfer		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2007
Mailing Address 2328 Bonnie Brae		Transaction ID: SA11A1.27447
City State Zip Code Santa Ana CA 92706	Amount of Each Receipt this Period 205.00	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 20	
Name of Employer Occupation HCR ManorCare, Inc. Administrator	Aggregate Year-to-Date 205.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Mr. Edward Schuch		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address 304 Adriana Court		Transaction ID: SA11A1.27448
City State Zip Code Northhampton PA 18067	Amount of Each Receipt this Period 267.50	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 22.50	
Name of Employer Occupation HCR Manor Care, Inc. Administrator	Aggregate Year-to-Date 267.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	812.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 67
	<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 Elizabeth Schupp

Mailing Address 1022 Oakview Drive

City State Zip Code
Highland Heights OH 44143

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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.26979

Amount of Each Receipt this Period
600.00

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 ▼ 424.97

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

Transaction ID: SA11A1.27455

Amount of Each Receipt this Period
424.97

Bi-weekly payroll deduction - 32.69

C. Full Name (Last, First, Middle Initial)
Ms Joyce 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. Vice President, Director Clinical Serv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.26965

Amount of Each Receipt this Period
2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	3024.97
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms Joyce Smith		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 3521 Cedar Creek Court		Transaction ID: SA11A1.27456	
City Maumee	State OH	Zip Code 43537	Amount of Each Receipt this Period 999.96
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - 76.92	
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Director Clinical Serv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2999.96		

Full Name (Last, First, Middle Initial) B. Marionlee J Specter		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2007	
Mailing Address 5286 Sell Road		Transaction ID: SA11A1.27460	
City New Tripoli	State PA	Zip Code 18066	Amount of Each Receipt this Period 500.50
FEC ID number of contributing federal political committee. C		Bi-weekly payroll deduction - 38.50	
Name of Employer HCR ManorCare Inc.	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50		

Full Name (Last, First, Middle Initial) C. Arthur Spencer		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 1669 Belleville Way # J		Transaction ID: SA11A1.27003	
City Sunnyvale	State CA	Zip Code 94087	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 Administrator		
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) ▶	2000.46
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 67
	<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)
Steven D Spencer

Mailing Address 1102 Towsley Lane

City State Zip Code
Ann Arbor MI 48105

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

Name of Employer Occupation
HCR ManorCare Inc. VP Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
507.72

Date of Receipt
MM / DD / YYYY
06 / 13 / 2007

Transaction ID: SA11A1.27461

Amount of Each Receipt this Period
507.72

Bi-weekly payroll deduction - 42.31

B. Full Name (Last, First, Middle Initial)
Lorry Toomey

Mailing Address 7435 Bent Tree Drive

City State Zip Code
Toledo OH 43617

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

Name of Employer Occupation
HCR Manor Care, Inc. Director - ITS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2007

Transaction ID: SA11A1.26966

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Ron Traupane

Mailing Address 3614 Broadleaf Court

City State Zip Code
Glenwood MD 21738

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

Name of Employer Occupation
HCR.ManorCare Vice President, Design & Architecture

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2007

Transaction ID: SA11A1.26933

Amount of Each Receipt this Period
1200.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	2207.72
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 67
	<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. Rami Ubaydi		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 27134 Pumpkin Street		Transaction ID: SA11A1.27474	
City State Zip Code Murrieta CA 92562	Amount of Each Receipt this Period 508.12		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 42.31		
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 508.12		

Full Name (Last, First, Middle Initial) B. Ms Mary D. Wahl		Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2007	
Mailing Address 3008 Drummond Road		Transaction ID: SA11A1.26985	
City State Zip Code Toledo OH 43606	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer HCR.ManorCare, Inc.	Occupation Director, Corporate Services Managm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Douglas Wanke		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 13908 Pondview Road		Transaction ID: SA11A1.27479	
City State Zip Code Silver Spring MD 20905	Amount of Each Receipt this Period 330.00		
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - 55		
Name of Employer HCR.ManorCare, Inc.	Occupation Director of Health Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

SUBTOTAL of Receipts This Page (optional)	1338.12
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 67
	<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)
Donna M Weimer

Mailing Address 150 West 9th Avenue #3205

City State Zip Code
Denver CO 80204

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

Name of Employer Occupation
HCR. Manor Care, Inc RDO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2007

Transaction ID: SA11A1.26972

Amount of Each Receipt this Period
700.00

Credit Card Contribution

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

Mailing Address 844 Miami Street

City State Zip Code
Toledo OH 43605

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

Name of Employer Occupation
HCR ManorCare Inc. Asst General Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 787.20

Date of Receipt
MM / DD / YYYY
06 / 27 / 2007

Transaction ID: SA11A1.27490

Amount of Each Receipt this Period
787.20

Bi-weekly payroll deducti-
on - 63.60

C. 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 ▼ 607.71

Date of Receipt
MM / DD / YYYY
06 / 27 / 2007

Transaction ID: SA11A1.27491

Amount of Each Receipt this Period
607.71

Bi-weekly payroll deducti-
on - 53.85

SUBTOTAL of Receipts This Page (optional)	▶	2094.91
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 47 / 67	
	(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"/> 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)
Cynthia M Zalewski

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 ▼
285.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	7

Transaction ID: SA11A1.27497

Amount of Each Receipt this Period
285.01

Bi-weekly payroll deducti-
on - 36.74

SUBTOTAL of Receipts This Page (optional)	▶	285.01
TOTAL This Period (last page this line number only)	▶	84493.06

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 48 / 67	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

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

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.90

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2007

Transaction ID: SA17.27009

Amount of Each Receipt this Period
34.72

Interest Income - Jun 07

SUBTOTAL of Receipts This Page (optional)	▶	34.72
TOTAL This Period (last page this line number only)	▶	34.72

**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

Full Name (Last, First, Middle Initial) A. AMERIPAC: The Fund for a Greater America		Transaction ID: SB23.27098 Date of Disbursement
Mailing Address 1341 G Street NW Suite 200		<input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Alliance Event on 05/23/07		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ANNA ESHOO FOR CONGRESS		Transaction ID: SB23.27083 Date of Disbursement
Mailing Address 555 Capitol Mall Suite 1425		<input type="text" value="04"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement Alliance Event on 4/30/07		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 14		

Full Name (Last, First, Middle Initial) C. COLEMAN FOR SENATE 08		Transaction ID: SB23.27109 Date of Disbursement
Mailing Address 7300 HUDSON BLVD SUITE 270A		<input type="text" value="05"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City ST PAUL	State MN	Zip Code 55128
Purpose of Disbursement Alliance Event on 6/12/07		Amount of Each Disbursement this Period <input type="text" value="3500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 00		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="13500.00"/>
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)

PAGE 50 / 67

<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. Committee to Preserve Capitalism		Transaction ID: SB23.27110 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 1226 31st Street, NW		Amount of Each Disbursement this Period 3500.00
City Washington State DC Zip Code 20007	Purpose of Disbursement Alliance Event on 6/18/07 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. DAVE CAMP FOR CONGRESS 2008		Transaction ID: SB23.27078 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100		Amount of Each Disbursement this Period 3500.00
City MIDLAND State MI Zip Code 48640	Purpose of Disbursement Alliance Event on 4/19/07 Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. De La Torre for Assembly 2008, ID 1292805		Transaction ID: SB23.27081 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 1127 11th Street Suite 505		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814	Purpose of Disbursement CAHF Event on 03/26/07 Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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)

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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

Full Name (Last, First, Middle Initial) A. DEMOCRATIC NATIONAL COMMITTEE		Transaction ID: SB23.27044 Date of Disbursement
Mailing Address 430 SOUTH CAPITOL STREET SE		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Rangel Event on 01/17/07		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.27099 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement Alliance Event on 05/24/07		Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Friends of Dick Durbin Committee		Transaction ID: SB23.27085 Date of Disbursement
Mailing Address PO Box 1949		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Springfield	State IL	Zip Code 62705
Purpose of Disbursement Alliance Event on 4/24/07		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 00	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
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)

PAGE 52 / 67

<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 JAY ROCKEFELLER		Transaction ID: SB23.27107 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address PO BOX 1909		Amount of Each Disbursement this Period 2000.00
City CHARLESTON State WV Zip Code 25327	Purpose of Disbursement Alliance Event on 6/28/07 Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. FRIENDS OF JIM CLYBURN		Transaction ID: SB23.27076 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 2000.00
City Columbia State SC Zip Code 29211	Purpose of Disbursement Alliance Event on 3/13/07 Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. FRIENDS OF ROY BLUNT		Transaction ID: SB23.27075 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address PO Box 50100 PO Box 50100		Amount of Each Disbursement this Period 2000.00
City Springfield State MO Zip Code 65805	Purpose of Disbursement Alliance Event on 3/20/07 Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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

Full Name (Last, First, Middle Initial) A. GLACIER PAC		Transaction ID: SB23.27102 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 818 Connecticut Ave. NW #1009 Suite 1009		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20006		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JOHN LEWIS FOR CONGRESS		Transaction ID: SB23.27101 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2015 Wallace Rd.		Amount of Each Disbursement this Period 3500.00
City Atlanta State GA Zip Code 30331		
Purpose of Disbursement Alliance Event on 5/30/07	Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Transaction ID: SB23.26926 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 320 FIRST STREET		Amount of Each Disbursement this Period -1000.00
City WASHINGTON State DC Zip Code 20003		
Purpose of Disbursement Void of Contribution from 5/14/04	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

<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. PAT ROBERTS FOR SENATE		Transaction ID: SB23.27097 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address PO BOX 433		Amount of Each Disbursement this Period 1500.00	
City GREAT BEND State KS Zip Code 67530	Purpose of Disbursement Alliance Event on 05/23/07 Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Pomeroy for Congress		Transaction ID: SB23.27096 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 1500.00	
City Washington State DC Zip Code 20013	Purpose of Disbursement Alliance Event on 05/21/07 Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PORTER FOR CONGRESS		Transaction ID: SB23.27084 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 7840 Red Leaf Drive		Amount of Each Disbursement this Period 2500.00	
City Las Vegas State NV Zip Code 89131	Purpose of Disbursement Alliance Event on 4/24/07 Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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)

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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

Full Name (Last, First, Middle Initial) A. RANGEL FOR CONGRESS		Transaction ID: SB23.27100 Date of Disbursement
Mailing Address PO Box 5577 MANHATTANVILLE STA		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
City New York	State NY	Zip Code 10027
Purpose of Disbursement Alliance Event on 05/29/07		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 15	

Full Name (Last, First, Middle Initial) B. RYAN FOR CONGRESS		Transaction ID: SB23.27106 Date of Disbursement
Mailing Address P. O. Box 1919 P. O. Box 1919		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City Janesville	State WI	Zip Code 53547
Purpose of Disbursement Alliance Event on 6/26/07		Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 01	

Full Name (Last, First, Middle Initial) C. SALAZAR FOR SENATE		Transaction ID: SB23.27103 Date of Disbursement
Mailing Address PO BOX 600		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City DENVER	State CO	Zip Code 80201
Purpose of Disbursement Alliance Event on 6/12/07		Amount of Each Disbursement this Period <input type="text" value="3500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District: 00	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10000.00"/>
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 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. Schwartz for Congress		Transaction ID: SB23.27077 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 38 Ivy Street, S.E.		Amount of Each Disbursement this Period 2000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraiser Event on 3/12/07	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. STABENOW FOR US SENATE		Transaction ID: SB23.27073 Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2007	
Mailing Address PO BOX 4945		Amount of Each Disbursement this Period 5000.00	
City EAST LANSING State MI Zip Code 48826	Purpose of Disbursement Alliance Event on 2/22/07	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. STABENOW FOR US SENATE		Transaction ID: SB23.27074 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address PO BOX 4945		Amount of Each Disbursement this Period 500.00	
City EAST LANSING State MI Zip Code 48826	Purpose of Disbursement Senate Dem's Event on 3/20/07	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

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)

<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. TEAM SUNUNU		Transaction ID: SB23.27105 Date of Disbursement																					
Mailing Address PO BOX 500		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	5		2	0	7															
City RYE	State NH	Zip Code 03870	Amount of Each Disbursement this Period																				
Purpose of Disbursement Alliance Event on 6/20/07		Category/ Type	1500.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NH	District: 00																						

Full Name (Last, First, Middle Initial) B. TIBERI FOR CONGRESS		Transaction ID: SB23.27093 Date of Disbursement																					
Mailing Address 2021 E Dublin Granville Road Suite 2000		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	1		2	0	7															
City Columbus	State OH	Zip Code 43229	Amount of Each Disbursement this Period																				
Purpose of Disbursement Event on 06/01/07		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OH	District: 12																						

Full Name (Last, First, Middle Initial) C. TIBERI FOR CONGRESS		Transaction ID: SB23.26927 Date of Disbursement																					
Mailing Address 2021 E Dublin Granville Road Suite 2000		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	9		2	0	7															
City Columbus	State OH	Zip Code 43229	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void of Contribution from 12/22/04		Category/ Type	-1000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OH	District: 12																						

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
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

Full Name (Last, First, Middle Initial) A. VAN HOLLEN FOR CONGRESS		Transaction ID: SB23.27104	
Mailing Address 10537 St. Paul Street		Date of Disbursement	
City Kensington State MD Zip Code 20895		05 / 15 / 2007	
Purpose of Disbursement Alliance Event on 6/13/07		Amount of Each Disbursement this Period	
Candidate Name		5000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008	
State: MD District: 08		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. VICTORY NOW PAC		Transaction ID: SB23.27095	
Mailing Address 10605 Concord Street Suite 202		Date of Disbursement	
City Kensington State MD Zip Code 20895		05 / 08 / 2007	
Purpose of Disbursement Event on 05/09/07		Amount of Each Disbursement this Period	
Candidate Name		500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	72500.00

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)

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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

Full Name (Last, First, Middle Initial) A. Armstrong for Senate		Transaction ID: SB29.27108 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 44 n. Christian Street Suite 100		Amount of Each Disbursement this Period 2000.00
City Lancaster State PA Zip Code 17602	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) ▼	

Full Name (Last, First, Middle Initial) B. Citizens for Mary Taylor		Transaction ID: SB29.27087 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 3788 Park Ridge Drive		Amount of Each Disbursement this Period 250.00
City Uniontown State OH Zip Code 44685	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) ▼	

Full Name (Last, First, Middle Initial) C. Citizens for Stivers		Transaction ID: SB29.27113 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 2500 Sherwin Road		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43221	Purpose of Disbursement Donation	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)
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

Full Name (Last, First, Middle Initial) A. Citizens for Wagoner		Transaction ID: SB29.27089 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 7445 Airport Highway		Amount of Each Disbursement this Period 500.00
City Holland State OH Zip Code 43528	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) ▼	

Full Name (Last, First, Middle Initial) B. Citizens for Wagoner		Transaction ID: SB29.27114 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 7445 Airport Highway		Amount of Each Disbursement this Period 1000.00
City Holland State OH Zip Code 43528	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) ▼	

Full Name (Last, First, Middle Initial) C. Committee to Elect Bill Seitz		Transaction ID: SB29.27079 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 4401 Abby Ct.		Amount of Each Disbursement this Period 1000.00
City Cincinnati State OH Zip Code 45248	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) ▶	2500.00
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

Full Name (Last, First, Middle Initial) A. Committee to Elect Christopher R. Widener		Transaction ID: SB29.27090 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 23 South Center Street Suite 103		Amount of Each Disbursement this Period 500.00
City Springfield State OH Zip Code 45502		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Bill Coley		Transaction ID: SB29.27091 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 8265 Cherry Laurel Drive		Amount of Each Disbursement this Period 500.00
City Middletown State OH Zip Code 45044		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Dean DePiero		Transaction ID: SB29.27045 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 5580 Ridge Road		Amount of Each Disbursement this Period 500.00
City Parma State OH Zip Code 44129		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
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) ▶	1500.00
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

Full Name (Last, First, Middle Initial) A. Friends of Dominic Pileggi		Transaction ID: SB29.27094 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address 100 Granite Drive		Amount of Each Disbursement this Period 1000.00
City Media State PA Zip Code 19063		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Joe Scarnati		Transaction ID: SB29.27049 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address P. O. Box 177		Amount of Each Disbursement this Period 1500.00
City Brockway State PA Zip Code 15824		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) C. Friends of John Perzel Committee		Transaction ID: SB29.27111 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address P.O. Box 386		Amount of Each Disbursement this Period 500.00
City Conshohocken State PA Zip Code 19428		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
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) ▶	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

Full Name (Last, First, Middle Initial) A. Friends of Matthew J. Dolan		Transaction ID: SB29.27088 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 100 7th Avenue #12		Amount of Each Disbursement this Period 500.00
City Chardon State OH Zip Code 44024	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Timothy J. DeGeeter		Transaction ID: SB29.27086 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 5580 Ridge Road		Amount of Each Disbursement this Period 250.00
City Parma State OH Zip Code 44129	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) C. Keystone Leader's PAC		Transaction ID: SB29.27112 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address P.O. Box 506		Amount of Each Disbursement this Period 500.00
City Harrisburg State PA Zip Code 17108	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
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) ▶	1250.00
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

Full Name (Last, First, Middle Initial) A. Patty Berg for Insurance Commissioner, ID 1292557		Transaction ID: SB29.27082	
Mailing Address 2005 N Street		Date of Disbursement MM / DD / YYYY 03 / 23 / 2007	
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 750.00
Purpose of Disbursement CAHF event on 03/26/07		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Republican Senate Campaign Committee		Transaction ID: SB29.27115	
Mailing Address 211 South 5th Street		Date of Disbursement MM / DD / YYYY 06 / 29 / 2007	
City Columbus	State OH	Zip Code 43215	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Donation		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Senate Democratic Fund		Transaction ID: SB29.27080	
Mailing Address P.O. Box 11111		Date of Disbursement MM / DD / YYYY 03 / 14 / 2007	
City Lansing	State MI	Zip Code 48901	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Donation		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2250.00
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

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(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

Full Name (Last, First, Middle Initial) A. Teresa Fedor for Senate Committee		Transaction ID: SB29.27092 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 2054 Belvedere Drive		Amount of Each Disbursement this Period 1000.00
City Toledo State OH Zip Code 43614	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) B. The Huntington National Bank		Transaction ID: SB29.27036 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 5065		Amount of Each Disbursement this Period 40.94
City Cleveland State OH Zip Code 44101-0065	Category/ Type	
Purpose of Disbursement Other Service Fees - Jan 07		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) C. The Huntington National Bank		Transaction ID: SB29.27037 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address P.O. Box 5065		Amount of Each Disbursement this Period 42.05
City Cleveland State OH Zip Code 44101-0065	Category/ Type	
Purpose of Disbursement Other Service Fees - Feb 07		
Candidate Name		
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) ▶	1082.99
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

Full Name (Last, First, Middle Initial) A. The Huntington National Bank		Transaction ID: SB29.27038 Date of Disbursement MM / DD / YYYY 03 / 15 / 2007
Mailing Address P.O. Box 5065		Amount of Each Disbursement this Period 41.05
City Cleveland State OH Zip Code 44101-0065	Purpose of Disbursement Other Service Fees - Mar 07 Candidate Name	
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

Full Name (Last, First, Middle Initial) B. The Huntington National Bank		Transaction ID: SB29.27039 Date of Disbursement MM / DD / YYYY 04 / 16 / 2007
Mailing Address P.O. Box 5065		Amount of Each Disbursement this Period 42.60
City Cleveland State OH Zip Code 44101-0065	Purpose of Disbursement Other Service Fees - Apr 07 Candidate Name	
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

Full Name (Last, First, Middle Initial) C. The Huntington National Bank		Transaction ID: SB29.27040 Date of Disbursement MM / DD / YYYY 05 / 03 / 2007
Mailing Address P.O. Box 5065		Amount of Each Disbursement this Period 0.83
City Cleveland State OH Zip Code 44101-0065	Purpose of Disbursement Credit Card Fees - Borgman Candidate Name	
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

SUBTOTAL of Disbursements This Page (optional) ▶	84.48
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) A. The Huntington National Bank		Transaction ID: SB29.27041	
Mailing Address P.O. Box 5065		Date of Disbursement 05 / 15 / 2007	
City Cleveland	State OH	Zip Code 44101-0065	Amount of Each Disbursement this Period 48.39
Purpose of Disbursement Other Service Fees - May 07		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. The Huntington National Bank		Transaction ID: SB29.27043	
Mailing Address P.O. Box 5065		Date of Disbursement 06 / 05 / 2007	
City Cleveland	State OH	Zip Code 44101-0065	Amount of Each Disbursement this Period 58.58
Purpose of Disbursement Credit Card Fees - Weimer, Gluch, Quinn		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. The Huntington National Bank		Transaction ID: SB29.27042	
Mailing Address P.O. Box 5065		Date of Disbursement 06 / 15 / 2007	
City Cleveland	State OH	Zip Code 44101-0065	Amount of Each Disbursement this Period 44.45
Purpose of Disbursement Other Service Fees - Jun 07		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	151.42
TOTAL This Period (last page this line number only)	15068.89