

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	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		31882.17
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	31882.17									
(c) Total Receipts (from Line 19)	75756.05	75756.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	107638.22	107638.22								
7. Total Disbursements (from Line 31)	30398.45	30398.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77239.77	77239.77								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	56267.40	56267.40
(ii) Unitemized	18851.92	18851.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)	75119.32	75119.32
(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)	75119.32	75119.32
12. Transfers From Affiliated/Other Party Committees	629.73	629.73
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.)	7.00	7.00
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))	75756.05	75756.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	75756.05	75756.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	153.45	153.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	153.45	153.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25400.00	25400.00
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.....	4845.00	4845.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30398.45	30398.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30398.45	30398.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	75119.32	75119.32
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75119.32	75119.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	153.45	153.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	153.45	153.45

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Charlean Adams	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 3523 East Manitou Circle	Transaction ID: SA11AI.31244
	City State Zip Code Muskegeon MI 49441	Amount of Each Receipt this Period 253.80
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$42.30 /pay
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.80	

B.	Full Name (Last, First, Middle Initial) Martin Allen	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 7151 Whispering Oak	Transaction ID: SA11AI.31248
	City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$100 /pay
	Name of Employer Occupation HCR. Manor Care, Inc Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Deborah A Arrendale	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address 7100 Sunshine Skyway Lane South #401	Transaction ID: SA11AI.31254
	City State Zip Code St. Petersburg FL 33711	Amount of Each Receipt this Period 382.20
	FEC ID number of contributing federal political committee. C	Weekly payroll deduction \$31.85 /pay
	Name of Employer Occupation HCR ManorCare, Inc. 4H East Div. General Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 382.20	

SUBTOTAL of Receipts This Page (optional)	1236.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 40
	<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) Julie A Beckert	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 3911 Buell Ave	Transaction ID: SA11AI.31266
	City State Zip Code Toledo OH 43613	Amount of Each Receipt this Period 249.18
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction on \$41.53 /pay
Name of Employer HCR ManorCare Inc.	Occupation Dir. Marketing/Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.18	

B.	Full Name (Last, First, Middle Initial) Kari Boice	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 40110 20th Place East	Transaction ID: SA11AI.31269
	City State Zip Code Makka City FL 34251	Amount of Each Receipt this Period 265.38
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction on \$44.23 /pay
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 ▼ 265.38	

C.	Full Name (Last, First, Middle Initial) Pamella S Britt	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 27135 State Rt 49	Transaction ID: SA11AI.31276
	City State Zip Code Potomac IL 61865	Amount of Each Receipt this Period 230.76
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction on \$38.46 /pay
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 ▼ 230.76	

SUBTOTAL of Receipts This Page (optional)	745.32
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) David Burke	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 3908 Tricking Brook Dr.	Transaction ID: SA11AI.31281
	City Richmond State VA Zip Code 23228	Amount of Each Receipt this Period 230.76
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$38.46
	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 ▼ 230.76	

B.	Full Name (Last, First, Middle Initial) Charlie F Byrne	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 4685 Rio POCO Court	Transaction ID: SA11AI.31286
	City Naples State FL Zip Code 33109	Amount of Each Receipt this Period 276.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$46 /pay
	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 ▼ 276.00	

C.	Full Name (Last, First, Middle Initial) Shirley D Cabildo	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 38 Bentley Court	Transaction ID: SA11AI.31287
	City Bedminster State NJ Zip Code 07921	Amount of Each Receipt this Period 230.76
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$38.46 /pay
	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 ▼ 230.76	

SUBTOTAL of Receipts This Page (optional)	737.52
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 40
	<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 Kimberly A. Campisi	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 6311 Lake Cable Ave NW	Transaction ID: SA11AI.31211
	City State Zip Code Canton OH 44718	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR Manor Care, LLC. Admissions Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. William Chenevert	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 620 Ashbury Drive	Transaction ID: SA11AI.31293
	City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 1153.86
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deducti- on \$192.31 /pay
	Name of Employer Occupation HCR ManorCare, Inc. Vice President, Operations Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.86	

C.	Full Name (Last, First, Middle Initial) Elizabeth Daniels	Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address 4334 Bartholow Road	Transaction ID: SA11AI.31571
	City State Zip Code Sykesville MD 21784	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Credit Card Contribution - Visa
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1653.86
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Karen L Davidson		Date of Receipt
	Mailing Address 612 W. Magnolia		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Pana	IL	62557
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation Dir^ Clinical Services	Transaction ID: SA11AI.31310
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="318.00"/>	<input type="text" value="318.00"/>
			Bi-weekly payroll deduction \$53 /pay

B.	Full Name (Last, First, Middle Initial) Janet E Diehl		Date of Receipt
	Mailing Address 3903 BARBARA ANN DRIVE		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	MONROEVILLE	PA	15146
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation Regional Dir of Ops	Transaction ID: SA11AI.31318
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="224.70"/>	<input type="text" value="224.70"/>
			Weekly payroll deduction \$22.47 /pay

C.	Full Name (Last, First, Middle Initial) Ms Nancy Edwards		Date of Receipt
	Mailing Address 5726 Rolbesay Drive		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Dublin	OH	43017
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR.ManorCare, Inc.		Occupation General Manager, Central Division	Transaction ID: SA11AI.31323
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1153.86"/>	<input type="text" value="1153.86"/>
			Bi-weekly payroll deduction on \$192.31 /pay

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1696.56"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 40
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Christine Emrick

Mailing Address 2312 Blue Jay Dr.

City State Zip Code
Nazareth PA 18064

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

Name of Employer Occupation
HCR Manor Care, Inc. AVP Marketing Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31328

Amount of Each Receipt this Period
300.00

Bi-weekly payroll deduction on \$50 /pay

B.

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

Mailing Address 2450 Underhill Road

City State Zip Code
Toledo OH 43615

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31329

Amount of Each Receipt this Period
461.52

Bi-weekly payroll deduction on \$76.92 /pay

C.

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

Mailing Address 3115 Wynstone Dr

City State Zip Code
Quincy IL 62305

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 371.52

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31336

Amount of Each Receipt this Period
371.52

Bi-weekly payroll deduction on \$61.92 /pay

SUBTOTAL of Receipts This Page (optional) ► **1133.04**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 40
	<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) A. Louise Forsha		Date of Receipt
	Mailing Address P. O. Box 418		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 29 / 2010
	City	State	Zip Code
	Albrightsville	PA	18210
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31567
Name of Employer HCR Manor Care, Inc.		Occupation Administrator - Hampton House	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00
			Credit Card Contribution - MasterCard

B.	Full Name (Last, First, Middle Initial) Mr. Gary T. Geise		Date of Receipt
	Mailing Address 825 Ashbury Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 17 / 2010
	City	State	Zip Code
	Perrysburg	OH	43551
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31344
Name of Employer HCR Manor Care, Inc.		Occupation Director of Reimbursement	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 283.86	283.86
			Bi-weekly payroll deduction on \$47.31 /pay

C.	Full Name (Last, First, Middle Initial) Mark Gloth		Date of Receipt
	Mailing Address 2322 Hidden Brook Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 17 / 2010
	City	State	Zip Code
	Finksburg	MD	21048
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31349
Name of Employer HCR Manor Care, Inc.		Occupation VP - Chief Medical Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	5000.00
			One-time payroll deduction \$5000

SUBTOTAL of Receipts This Page (optional)	5783.86
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 40
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Lynda Gluch

Mailing Address 8740 Paulina Avenue

City State Zip Code
Grosse Ile MI 48138

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

Name of Employer Occupation
HCR.ManorCare, Inc. AVP Clinical Support Services

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2010

Transaction ID: SA11AI.31566

Amount of Each Receipt this Period
1500.00

Credit Card Contribution - AmEx

B.

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

Mailing Address 1311 Old Taylor Trail

City State Zip Code
Goshen KY 40026

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 334.38

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2010

Transaction ID: SA11AI.31355

Amount of Each Receipt this Period
334.38

Bi-weekly payroll deducti- on \$55.73 /pay

C.

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

Mailing Address 3000 Riva Ridge Rd

City State Zip Code
Toledo OH 43615

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2010

Transaction ID: SA11AI.31180

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **6834.38**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 40
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

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

Mailing Address 503 Elk Mills Road

City State Zip Code
Oxford PA 19363

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31357

Amount of Each Receipt this Period
365.00

Bi-weekly payroll deduction on \$60 /pay

B.

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

Mailing Address 217 Garden St.

City State Zip Code
Needham MA 02492

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

Name of Employer Occupation
HCR ManorCare Inc. Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.86

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31360

Amount of Each Receipt this Period
1153.86

Bi-weekly payroll deduction on \$192.31 /pay

C.

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

Mailing Address 9496South Dunbar Circle

City State Zip Code
South Jordan UT 84095

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

Name of Employer Occupation
HCR Manor Care, Inc. Regional Director - Western Division 5

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31365

Amount of Each Receipt this Period
300.00

Bi-weekly payroll deduction on \$50 /pay

SUBTOTAL of Receipts This Page (optional) ► **1818.86**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Mr Kevin C. Henricks	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 23 Chicago St. Apt. G	Transaction ID: SA11AI.31368
	City State Zip Code Plainfield IL 60544	Amount of Each Receipt this Period 288.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$48 /pay
	Name of Employer Occupation HCR Manor Care, Inc. Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

B.	Full Name (Last, First, Middle Initial) Ms Theresa Heyde	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 202 N. Elm Hurst Rd.	Transaction ID: SA11AI.31559
	City State Zip Code Prospect Heights IL 60070	Amount of Each Receipt this Period 204.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$34 /pay
	Name of Employer Occupation HCR Manor Care, LLC. Senior Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

C.	Full Name (Last, First, Middle Initial) Sharon E Hollins	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 3311 Gallatin Rd	Transaction ID: SA11AI.31181
	City State Zip Code Toledo OH 43606	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 General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	1692.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

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

Mailing Address 15415 Meadow Wood Drive

City Wellington State FL Zip Code 33414

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 03 / 17 / 2010

Transaction ID: SA11AI.31382

Amount of Each Receipt this Period 540.00

Bi-weekly payroll deduction \$90 /pay

B. 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 ▼ 600.00

Date of Receipt 03 / 17 / 2010

Transaction ID: SA11AI.31383

Amount of Each Receipt this Period 600.00

Bi-weekly payroll deduction \$100 /pay

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

Mailing Address 1333 Cromly Ct.

City Maumee State OH Zip Code 43537

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

Name of Employer HCR Manor Care, Inc. Occupation Reg. Director of 4H

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 258.36

Date of Receipt 03 / 25 / 2010

Transaction ID: SA11AI.31385

Amount of Each Receipt this Period 258.36

Weekly payroll deduction \$21.53 /pay

SUBTOTAL of Receipts This Page (optional) ► 1398.36

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

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

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

FOR LINE NUMBER: PAGE 17 / 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Timothy J Irwin

Mailing Address 1497 Calloway Ct.

City State Zip Code
Howell MI 48843

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 ▼ 276.90

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31388

Amount of Each Receipt this Period
276.90

Bi-weekly payroll deduction \$46.15 /pay

B. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 309.18

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31392

Amount of Each Receipt this Period
309.18

Bi-weekly payroll deduction \$51.53 /pay

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

Mailing Address 4266 Shire Landing

City State Zip Code
Hillard OH 43026

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 314.88

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31394

Amount of Each Receipt this Period
314.88

Bi-weekly payroll deduction \$52.48 /pay

SUBTOTAL of Receipts This Page (optional) ► 900.96

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 40
	<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 M Kaczor		Date of Receipt
	Mailing Address 1689 Rauch Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 17 / 2010
	City	State	Zip Code
	Temperance	MI	48182
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31398
Name of Employer HCR ManorCare Inc.		Occupation AVP HR Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.76	<input type="text"/> 230.76
		Bi-weekly payroll deduction \$38.46 /pay	

B.	Full Name (Last, First, Middle Initial) Dan Kight		Date of Receipt
	Mailing Address 2013 Orchard Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 17 / 2010
	City	State	Zip Code
	Toledo	OH	43606
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31408
Name of Employer HCR ManorCare Inc.		Occupation Mgr^ Pharmacy Ops Sprt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.76	<input type="text"/> 230.76
		Bi-weekly payroll deduction \$38.46 /pay	

C.	Full Name (Last, First, Middle Initial) Andrew Koha		Date of Receipt
	Mailing Address 7620 Isaac Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 17 / 2010
	City	State	Zip Code
	Middleburg Heights	OH	44130
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31412
Name of Employer HCR Manor Care, Inc.		Occupation RDO - Central 5	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 300.00
		Bi-weekly payroll deduction \$50 /pay	

SUBTOTAL of Receipts This Page (optional)	761.52
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Carrie Lund

Mailing Address 14802 Dunston Place

City Tampa State FL Zip Code 33618

FEC ID number of contributing federal political committee. C

Name of Employer HCR Manor Care, Inc. Occupation Sr. Administrator - Palm Harbor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt 03 / 17 / 2010

Transaction ID: SA11AI.31424

Amount of Each Receipt this Period 276.00

Bi-weekly payroll deducti- on \$46 /pay

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

Mailing Address 266 Crossing Creek North

City Gahanna State OH Zip Code 43230

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt 03 / 17 / 2010

Transaction ID: SA11AI.31438

Amount of Each Receipt this Period 461.52

Bi-weekly payroll deducti- on \$76.92 /pay

C. Full Name (Last, First, Middle Initial)
Murry J Mercier

Mailing Address 7110 Oak Bluff Lane

City Maumee State OH Zip Code 43537

FEC ID number of contributing federal political committee. C

Name of Employer HCR ManorCare Inc. Occupation VP Dir of Information Serv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.86

Date of Receipt 03 / 17 / 2010

Transaction ID: SA11AI.31446

Amount of Each Receipt this Period 1153.86

Bi-weekly payroll deducti- on \$192.31 /pay

SUBTOTAL of Receipts This Page (optional) 1891.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 40
	<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) Scott Miller	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 198 Old Mill Drive	Transaction ID: SA11AI.31451
	City State Zip Code Langhorne PA 19047	Amount of Each Receipt this Period 297.72
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction on \$49.62 /pay
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 ▼ 297.72	

B.	Full Name (Last, First, Middle Initial) Mr. Doug Mock	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 308 East Front Street	Transaction ID: SA11AI.31183
	City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 1700.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer HCR Manor Care, Inc.	Occupation AVP - Central Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

C.	Full Name (Last, First, Middle Initial) Ms Susan Morey	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 700 Hunters Road	Transaction ID: SA11AI.31455
	City State Zip Code Mohnton PA 19540	Amount of Each Receipt this Period 330.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction on \$55 /pay
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 ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	2327.72
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 40
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

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

Mailing Address 5315 Rymoor Drive

City State Zip Code
Sylvania OH 43560

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

Name of Employer Occupation
HCR. Manor Care, Inc Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 539.88

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31466

Amount of Each Receipt this Period
539.88

Bi-weekly payroll deduction on \$89.98

B.

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

Mailing Address 28 Roslyn Road

City State Zip Code
Grosse Pointe Shor MI 48236

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 657.66

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31467

Amount of Each Receipt this Period
657.66

Bi-weekly payroll deduction on \$109.61 /pay

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 ▼ 346.14

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31471

Amount of Each Receipt this Period
346.14

Bi-weekly payroll deduction on \$57.69 /pay

SUBTOTAL of Receipts This Page (optional) ► **1543.68**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 40
	<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 Orlowski	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 669 Highway 60	Transaction ID: SA11AI.31472
	City State Zip Code Cedarburg WI 53012	Amount of Each Receipt this Period 562.92
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$93.82 / pay
Name of Employer HCR.ManorCare, Inc.	Occupation Director, Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.92	

B.	Full Name (Last, First, Middle Initial) Paul A. Ormond	Date of Receipt MM / DD / YYYY 02 / 26 / 2010
	Mailing Address 2420 Underhill Road	Transaction ID: SA11AI.31176
	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 HCR.ManorCare, Inc.	Occupation Chairman President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Susan Ormond	Date of Receipt MM / DD / YYYY 02 / 26 / 2010
	Mailing Address 2420 Underhill Road	Transaction ID: SA11AI.31177
	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 HCR Manor Care, Inc.	Occupation CEO Admin Asst.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	10562.92
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 40
	<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. Ann E. Otley	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 333 W. Wooster St.	Transaction ID: SA11AI.31473
	City State Zip Code Bowling Green OH 43402	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$40 /pay
	Name of Employer Occupation HCR Manor Care, Inc. Director of Employee Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Mr. James Pagoaga	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 21 Winding Creek Drive	Transaction ID: SA11AI.31179
	City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR ManorCare, Inc. Vice President, Rehabilitation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Mr. David Parker	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 2154 Tremont Road	Transaction ID: SA11AI.31474
	City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 744.24
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$124.04 /pay
	Name of Employer Occupation HCR ManorCare, Inc. VP Assistant General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 744.24	

SUBTOTAL of Receipts This Page (optional)	2984.24
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Richard A Parr II

Mailing Address 2253 Gray Fox Court

City State Zip Code
Ann Arbor MI 48103

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HCR Manor Care, Inc. VP - General Counsel & Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 03 / 17 / 2010

Transaction ID: SA11AI.31475

Amount of Each Receipt this Period 1152.00

Bi-weekly payroll deducti-
on \$192 /pay

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

Mailing Address 3929 Azalea Circle

City State Zip Code
Maumee OH 43537

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 392.34

Date of Receipt 03 / 17 / 2010

Transaction ID: SA11AI.31482

Amount of Each Receipt this Period 392.34

Bi-weekly payroll deducti-
on \$65.39 /pay

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

Mailing Address 3899 Midshore Drive

City State Zip Code
Naples FL 34109

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.86

Date of Receipt 03 / 17 / 2010

Transaction ID: SA11AI.31486

Amount of Each Receipt this Period 1153.86

Bi-weekly payroll deducti-
on \$192.31 /pay

SUBTOTAL of Receipts This Page (optional) 2698.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 40
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

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

Mailing Address 13 Gregory Drive

City State Zip Code
Kenvil NJ 07847

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 219.24

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31487

Amount of Each Receipt this Period
219.24

Bi-weekly payroll deduction \$36.54 /pay

B.

Full Name (Last, First, Middle Initial)
Deborah A Reitz

Mailing Address 4312 Shangri La Rd.

City State Zip Code
Stewartstown PA 17363

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31488

Amount of Each Receipt this Period
225.00

Bi-weekly payroll deduction \$37.50 /pay

C.

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

Mailing Address 2723 Rexton Ridge Rd

City State Zip Code
Toledo OH 43617

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

Name of Employer Occupation
HCR ManorCare Inc. VP Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 376.92

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31489

Amount of Each Receipt this Period
376.92

Bi-weekly payroll deduction \$188.46 /pay

SUBTOTAL of Receipts This Page (optional) ► **821.16**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 40
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

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

Mailing Address P.O. Box 754

City State Zip Code
Shady Spring WV 25918

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31493

Amount of Each Receipt this Period
240.00

Bi-weekly payroll deduction on \$40 /pay

B.

Full Name (Last, First, Middle Initial)
Susan Ringenberg

Mailing Address 6073 Wedgewood Village Circle

City State Zip Code
Lake Worth FL 33463

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

Name of Employer Occupation
HCR Manor Care, Inc. Director Nutrition Consulting Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: SA11AI.31186

Amount of Each Receipt this Period
700.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Damian M Rodgers

Mailing Address 4647 Calico Court

City State Zip Code
Monclova OH 43542

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.31495

Amount of Each Receipt this Period
228.00

Bi-weekly payroll deduction on \$38 /pay

SUBTOTAL of Receipts This Page (optional) ► **1168.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Lynette M Rugg	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 1348 Oakland Circle	Transaction ID: SA11AI.31498
	City State Zip Code N. Aurora IL 60542	Amount of Each Receipt this Period 220.02
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$36.67 /pay
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.02	

B.	Full Name (Last, First, Middle Initial) Richard G Rump	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 2423 Heather Glen Dr	Transaction ID: SA11AI.31499
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 323.10
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction \$53.85 /pay
	Name of Employer Occupation HCR ManorCare Inc. Dir^ Corporate Communication	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.10	

C.	Full Name (Last, First, Middle Initial) Angela G Russo	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address 4950 Cypress Pike Circle Unit 101	Transaction ID: SA11AI.31500
	City State Zip Code Virginia Beach VA 23455	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	Weekly payroll deduction \$30 /pay
	Name of Employer Occupation HCR Manor Care, Inc. Gen Mgr Central Div 4H	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	903.12
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 40
	<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	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 1022 Oakview Drive	Transaction ID: SA11AI.31189
	City State Zip Code Highland Heights OH 44143	Amount of Each Receipt this Period 825.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HCR.ManorCare, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

B.	Full Name (Last, First, Middle Initial) Joyce Louise Smith	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 3521 Cedar Creek Court	Transaction ID: SA11AI.31510
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 1153.86
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deducti- on \$192.31 /pay
	Name of Employer Occupation HCR ManorCare Inc. VP^ Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.86	

C.	Full Name (Last, First, Middle Initial) Marionlee J Specter	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 5286 Sell Road	Transaction ID: SA11AI.31513
	City State Zip Code New Tripoli PA 18066	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	Bi-weekly payroll deducti- on \$35 /pay
	Name of Employer Occupation HCR ManorCare Inc. Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	2188.86
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 40
	<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)
Jane L Stilwell

Mailing Address 2351 S. Rogers

City Springfield State MO Zip Code 65804

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2010

Transaction ID: SA11AI.31516

Amount of Each Receipt this Period 300.00

Bi-weekly payroll deduction on \$50 /pay

B. Full Name (Last, First, Middle Initial)
Cyndi K Taplin

Mailing Address 5405 Buttrick SE

City Alto State MI Zip Code 49302

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 491.52

Date of Receipt 03 / 17 / 2010

Transaction ID: SA11AI.31525

Amount of Each Receipt this Period 491.52

Bi-weekly payroll deduction on \$81.92 /pay

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

Mailing Address 27134 Pumpkin Street

City Murrieta State CA Zip Code 92562

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2010

Transaction ID: SA11AI.31530

Amount of Each Receipt this Period 300.00

Bi-weekly payroll deduction on \$50 /pay

SUBTOTAL of Receipts This Page (optional) ► 1091.52

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Ms Mary D. Wahl		Date of Receipt
	Mailing Address 3008 Drummond Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Toledo	OH	43606
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31222
Name of Employer HCR.ManorCare, Inc.		Occupation Director, Corporate Services Managmnt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Mr. Douglas Wanke		Date of Receipt
	Mailing Address 13908 Pondview Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Silver Spring	MD	20905
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31535
Name of Employer HCR.ManorCare, Inc.		Occupation Director of Health Planning	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			Bi-weekly payroll deducti- on \$50 /pay

C.	Full Name (Last, First, Middle Initial) Joseph Wilson		Date of Receipt
	Mailing Address 7720 Sagamore Hills Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Sagamore Hills	OH	44067
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31184
Name of Employer HCR Manor Care, Inc.		Occupation Administrator - Mayfield Heights	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial) Ms Sherriann Wood		Date of Receipt MM / DD / YYYY 03 / 17 / 2010
Mailing Address 5 Aberfield Lane		Transaction ID: SA11AI.31541
City Miamisburg	State OH	Zip Code 45342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 353.64
Name of Employer HCR.ManorCare, Inc.	Occupation RDO - Central Division Region 2	Bi-weekly payroll deducti- on \$58.94 /pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.64	

B.

Full Name (Last, First, Middle Initial) Cynthia M Zalewski		Date of Receipt MM / DD / YYYY 03 / 17 / 2010
Mailing Address 3845 Drummond Rd		Transaction ID: SA11AI.31544
City Toledo	State OH	Zip Code 43613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.72
Name of Employer HCR ManorCare Inc.	Occupation Senior Attorney	Bi-weekly payroll deducti- on \$40.12 /pay
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.72	

SUBTOTAL of Receipts This Page (optional)	594.36
TOTAL This Period (last page this line number only)	56267.40

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 32 / 40	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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) Four Seasons Texas PAC		Date of Receipt	
	Mailing Address 333 N. Summit St.		M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA12.31574
	Toledo	OH	43699	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		629.73	
Name of Employer		Occupation		
Closed Texas state PAC in- to HCR Manor Care, LLC. PAC				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 629.73		

SUBTOTAL of Receipts This Page (optional)	▶	629.73
TOTAL This Period (last page this line number only)	▶	629.73

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
Contribution for event held on March 1st.

Candidate Name
ALLYSON Y. SCHWARTZ

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 13

Transaction ID: SB23.31139
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 422

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.31156
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
DAVID RIVERA FOR U.S. CONGRESS

Mailing Address PO BOX 520633

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
Contribution for event held March 31st

Candidate Name
DAVID RIVERA

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 25

Transaction ID: SB23.31232
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 40

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee Mailing Address 430 S Capitol Street SE City Washington State DC Zip Code 20003 Purpose of Disbursement Donation Candidate Name	Transaction ID: SB23.31161 Date of Disbursement 03 / 22 / 2010 Amount of Each Disbursement this Period 1000.00

B. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address P.O. BOX 19163 City LAS VEGAS State NV Zip Code 89132 Purpose of Disbursement Contribution for event held on January 28th. Candidate Name HARRY REID	Transaction ID: SB23.31136 Date of Disbursement 01 / 25 / 2010 Amount of Each Disbursement this Period 2500.00

C. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address P.O. BOX 19163 City LAS VEGAS State NV Zip Code 89132 Purpose of Disbursement For event held on March 25th. Candidate Name HARRY REID	Transaction ID: SB23.31157 Date of Disbursement 03 / 18 / 2010 Amount of Each Disbursement this Period 2000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF GLENN THOMPSON

Mailing Address 198 PARK ROAD

City HOWARD State PA Zip Code 16841

Purpose of Disbursement
Contribution for event held on February 10th.

Candidate Name
GLENN THOMPSON

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 05

Transaction ID: SB23.31138
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Mailing Address 1029 NORTH ROYAL STREET 2ND FL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution for event held April 5th.

Candidate Name
MARK R WARNER

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 00

Transaction ID: SB23.31234
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
FRIENDS OF TREY GRAYSON

Mailing Address PO BOX 175726

City FT MITCHELL State KY Zip Code 41017

Purpose of Disbursement
Contribution for event held on April 5th.

Candidate Name
C M 'TREY' GRAYSON

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.31239
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. MIKULSKI FOR SENATE COMMITTEE

Full Name (Last, First, Middle Initial)

MIKULSKI FOR SENATE COMMITTEE

Mailing Address 10 G Street, NE
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
For event held on March 15th.

Candidate Name
BARBARA MIKULSKI

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31153
Date of Disbursement

03 / 15 / 2010

Amount of Each Disbursement this Period

2400.00

B. PETERS FOR CONGRESS

Full Name (Last, First, Middle Initial)

PETERS FOR CONGRESS

Mailing Address PO BOX 226

City BLOOMFIELD HILLS State MI Zip Code 48303

Purpose of Disbursement
Contribution for event held on February 8th.

Candidate Name
GARY PETERS

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31137
Date of Disbursement

02 / 03 / 2010

Amount of Each Disbursement this Period

1000.00

C. Senate Democratic Fund

Full Name (Last, First, Middle Initial)

Senate Democratic Fund

Mailing Address P.O. Box 11111

City Lansing State MI Zip Code 48901

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

012
Category/
Type

Transaction ID: SB23.31225
Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4400.00

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

<p>A. Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS</p> <p>Mailing Address 81 S FIFTH STREET</p> <p>City COLUMBUS State OH Zip Code 43215</p> <p>Purpose of Disbursement Contribution for event held April 4th.</p> <p>Candidate Name STEVE STIVERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31233</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) WYDEN FOR SENATE</p> <p>Mailing Address 123 NE 3RD SUITE 321</p> <p>City PORTLAND State OR Zip Code 97232</p> <p>Purpose of Disbursement For event held on March 29th.</p> <p>Candidate Name RONALD LEE WYDEN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31158</p> <p>Date of Disbursement 03 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) WYDEN FOR SENATE</p> <p>Mailing Address 123 NE 3RD SUITE 321</p> <p>City PORTLAND State OR Zip Code 97232</p> <p>Purpose of Disbursement For event held on March 29th.</p> <p>Candidate Name RONALD LEE WYDEN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31159</p> <p>Date of Disbursement 03 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	25400.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

<p>A. Full Name (Last, First, Middle Initial) Beshear Abramson 2011</p> <p>Mailing Address P.O. Box 4227</p> <p>City Frankfort State KY Zip Code 40604</p> <p>Purpose of Disbursement Contribution for event held March 24th.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.31151 Date of Disbursement 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens for Josh Mandel</p> <p>Mailing Address 2119 Cottingham Drive</p> <p>City Lyndhurst State OH Zip Code 44124</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.31175 Date of Disbursement 02 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens for Wagoner</p> <p>Mailing Address 7445 Airport Highway</p> <p>City Holland State OH Zip Code 43528</p> <p>Purpose of Disbursement Void of Donation made on 6/19/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.31168 Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Corriveau Leadership Fund <hr/> Mailing Address P.O. Box 5251 <hr/> City Northville State MI Zip Code 48167 <hr/> Purpose of Disbursement Void of Donation made on 4/30/2009 Candidate Name	Transaction ID: SB29.31164 Date of Disbursement 03 / 17 / 2010	Amount of Each Disbursement this Period -250.00
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	010 Category/Type	
B.	Full Name (Last, First, Middle Initial) Friends of Bill Adolf <hr/> Mailing Address P.O. Box 303 <hr/> City Springfield State PA Zip Code 19064 <hr/> Purpose of Disbursement Void of Donation made on 5/8/2009 Candidate Name	Transaction ID: SB29.31165 Date of Disbursement 03 / 17 / 2010	Amount of Each Disbursement this Period -300.00
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	010 Category/Type	
C.	Full Name (Last, First, Middle Initial) Friends of Elgie Sims <hr/> Mailing Address 1716 E. 87th St. <hr/> City Chicago State IL Zip Code 60617 <hr/> Purpose of Disbursement Contribution for event held on January 30th Candidate Name	Transaction ID: SB29.31133 Date of Disbursement 02 / 01 / 2010	Amount of Each Disbursement this Period 500.00
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

-50.00

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

