REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

04/12/2000 14 : 14

1. NAME OF COMMITTEE (in full)
HCR Manor Care PAC

ADDRESS (number and street)
333 North Summit Street
16th Floor

☐ Check if different than previously reported

2. FEC IDENTIFICATION NUMBER
C00260141

CITY, STATE, and ZIP CODE
Toledo OH 43604-2617

3. ☐ This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

(a) ☒ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination report

Monthly Report Due On:

☐ February 20 ☐ March 20 ☐ April 20 ☐ May 20 ☐ June 20 ☐ July 20 ☐ August 20 ☐ September 20 ☐ October 20 ☐ November 20 ☐ December 20 ☐ January 31

☐ Twelfth day report preceding _____ (election type)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment ☐ YES ☒ NO

SUMMARY 5. Covering Period 01/01/2000 through 03/31/2000	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand, January 1, 2000		45330.03
(b) Cash on Hand at Beginning of Reporting Period	45330.03	
(c) Total Receipts (from line 19)	8097.14	8097.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	53427.17	53427.17
7. Total Disbursements (from line 30)	14036.00	14036.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39391.17	39391.17
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer
Electronically Filed by Mr. Kevin Jackson

Signature of Treasurer

Date
04/12/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/98)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEC FORM 3X) (revised 1/1/91)

NAME OF COMMITTEE
HCR Manor Care PAC

REPORT COVERING PERIOD
FROM 01/01/2000 TO: 03/31/2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1812.71	1812.71	11.a.i.
ii. Unitemized	6144.38	6144.38	11.a.ii.
iii. Total (add i and ii)»	7957.09	7957.09	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions (add a iii, b and c)»	7957.09	7957.09	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	140.05	140.05	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)»	8097.14	8097.14	19.
20. Total Federal Receipts (subtract line 18 from line 19)»	8097.14	8097.14	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	10000.00	10000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds (add a, b, and c)»	0.00	0.00	28.d.
29. Other Disbursements	4036.00	4036.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	14036.00	14036.00	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	14036.00	14036.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	7957.09	7957.09	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	7957.09	7957.09	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)»	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)»	0.00	0.00	37.

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. R. Jeffery Bixler 9 Riverhills Lane Toledo OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President & General Counsel Aggregate Year-to-Date > $ 100.00	01/31/2000	100.00
Ms Nancy Edwards 5726 Rolbesay Drive Dublin OH 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: General Manager, Central Division Aggregate Year-to-Date > $ 106.24	01/31/2000	106.24
Ms J. Susan Hines 7525 Kings Hollow Court Toledo OH 43617 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 75.00	01/31/2000	75.00
Mr. Oscar Morrison 75 North Hershey Road Harrisburg PA 17112 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President & General Manager Aggregate Year-to-Date > $ 125.00	01/31/2000	125.00
Ms Joyce Smith 8332 Southampton Drive Holland OH 43526 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Director Clinical Serv Aggregate Year-to-Date > $ 100.00	01/31/2000	100.00
Mr. R. Jeffery Bixler 9 Riverhills Lane Toledo OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President & General Counsel Aggregate Year-to-Date > $ 200.00	02/29/2000	100.00
Ms Nancy Edwards 5726 Rolbesay Drive Dublin OH 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: General Manager, Central Division Aggregate Year-to-Date > $ 212.48	02/29/2000	106.24

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 8 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms J. Susan Hines 7525 Kings Hollow Court Toledo OH 43617 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 150.00	02/29/2000	75.00
Mr. Oscar Morrison 75 North Hershey Road Harrisburg PA 17112 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President & General Manager Aggregate Year-to-Date > $ 250.00	02/29/2000	125.00
Ms Joyce Smith 8332 Southampton Drive Holland OH 43526 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Director Clinical Serv Aggregate Year-to-Date > $ 200.00	02/29/2000	100.00
Ms. Linda Neumann 343 Shotwell Court White Lake MI 48386 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Regional Director of Operations Aggregate Year-to-Date > $ 300.00	03/24/2000	300.00
Mr. R. Jeffery Bixler 9 Riverhills Lane Toledo OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President & General Counsel Aggregate Year-to-Date > $ 300.00	03/31/2000	100.00
Ms Nancy Edwards 5726 Rolbesay Drive Dublin OH 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: General Manager, Central Division Aggregate Year-to-Date > $ 311.75	03/31/2000	59.27
Ms J. Susan Hines 7525 Kings Hollow Court Toledo OH 43617 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 225.96	03/31/2000	75.96

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 8 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Oscar Morrison 75 North Hershey Road Harrisburg PA 17112 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President & General Manager Aggregate Year-to-Date > $ 375.00	03/31/2000	125.00
Ms Joyce Smith 6332 Southampton Drive Holland OH 43528 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President. Director Clinical Serv Aggregate Year-to-Date > $ 300.00	03/31/2000	100.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**1812.71**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 8 FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martha Walker for Congress 11 Quail Cove Road Charleston WV 25314	(House - WV - 02) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	01/14/2000	500.00
Brady for Congress PO Box 708 Bloomington IL 61702	(House - IL - 15) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	02/02/2000	1000.00
Pete's Political Action Committee 1155 21st Street NW Suite 300 Washington DC 20036	Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	02/08/2000	2000.00
Friends of George Allen 801 East Main Street Suite 520 Richmond VA 23219	(Senate - VA - 00) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	02/10/2000	1000.00
Kaptur for Congress P O Box 899 Toledo OH 43691	(House - OH - 09) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	02/10/2000	1000.00
Tom Davis for Congress 6429 Downing Court Annandale VA 22003	(House - VA - 11) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	02/23/2000	1000.00
Friends of Jennifer B Dunn PO Box 40110 Bellevue WA 98004	(House - WA - 08) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	03/10/2000	1000.00
Kleczka, Gerald D 3150A South 12th Street Milwaukee WI 53215	(House - WI - 04) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	03/10/2000	1000.00
Morrisey for Congress PO Box 2685 Westfield NJ 07091	(House - NJ - 07) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	03/10/2000	500.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 8 FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Roth Senate Committee P.O. Box 105 Wilmington DE 19899	(Senate - DE - 00) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	03/20/2000	1000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**10000.00**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	8 / 8 FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
West Virginia Health Care Association PAC 8 Capitol Street, #700 Charleston WV 25301	Disbursement for: ☐ Primary ☐ General ☐ Other (specify) :	01/13/2000	500.00
Doug White for Good Government 19352 State Route 136 Whinchester OH 45697	(Senate - OH - 14) Disbursement for: ☒ Primary ☐ General ☐ Other (specify) :	01/19/2000	1000.00
Citizens for Buchy 758 Gardenwood Drive Greenville OH 45331	(Senate - OH - 12) Disbursement for: ☒ Primary ☐ General ☐ Other (specify) :	01/26/2000	1000.00
Citizens for Buchy 758 Gardenwood Drive Greenville OH 45331	(Senate - OH - 12) Disbursement for: ☒ Primary ☐ General ☐ Other (specify) :	03/01/2000	1500.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**4000.00**