

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
HCR Manor Care PAC

ADDRESS (number and street) 333 North Summit Street
16th Floor
 Check if different than previously reported. (ACC)
Toledo OH 43604-2617

2. **FEC IDENTIFICATION NUMBER** C00260141
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY **STATE** **ZIP CODE**

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2006 through 03 31 2006

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 Frank A Jannazo

Signature of Treasurer Electronically Filed by Frank A Jannazo Date 04 12 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		122561.74
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	122561.74									
(c) Total Receipts (from Line 19)	46513.79	46513.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	169075.53	169075.53								
7. Total Disbursements (from Line 31)	21896.76	21896.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	147178.77	147178.77								
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**

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	15695.42	15695.42
(i) Itemized (use Schedule A)		
(ii) Unitemized	30619.21	30619.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)	46314.63	46314.63
(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)	46314.63	46314.63
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	199.16	199.16
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))	46513.79	46513.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	46513.79	46513.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	146.76	146.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	146.76	146.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	11000.00
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.....	10750.00	10750.00
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))..	21896.76	21896.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	21896.76	21896.76

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	46314.63	46314.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46314.63	46314.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	146.76	146.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	146.76	146.76

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Anthony J Abela		Date of Receipt MM / DD / YYYY 03 / 22 / 2006
Mailing Address 3622 Deerfield Ct		Transaction ID: SA11A1.21722
City Grass Lake	State MI	Zip Code 49240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Martin D Allen		Date of Receipt MM / DD / YYYY 03 / 08 / 2006
Mailing Address 7151 Whispering Oak		Transaction ID: SA11A1.21733
City Sylvania	State OH	Zip Code 43560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer HCR ManorCare Inc.	Occupation AVP / Dir Internal Aud & Risk	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jocelyn Barnes		Date of Receipt MM / DD / YYYY 03 / 08 / 2006
Mailing Address 428 169th Court NE		Transaction ID: SA11A1.21810
City Bradenton	State FL	Zip Code 34212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.30
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.50	

SUBTOTAL of Receipts This Page (optional)	▶	132.30
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Jocelyn Barnes		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2006
Mailing Address 428 169th Court NE		Transaction ID: SA11A1.21811
City Bradenton	State FL	Zip Code 34212
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 47.30	
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.80	

Full Name (Last, First, Middle Initial) B. Charles Batcher		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2006
Mailing Address 910 Orchard Drive		Transaction ID: SA11A1.21822
City Rossford	State OH	Zip Code 43460
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer HCR Manor Care, Inc.	Occupation Director - Dementia Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Charles Batcher		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2006
Mailing Address 910 Orchard Drive		Transaction ID: SA11A1.21823
City Rossford	State OH	Zip Code 43460
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer HCR Manor Care, Inc.	Occupation Director - Dementia Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	147.30
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Karen F Bell		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 1220 North St.		Transaction ID: SA11A1.21853	
City State Zip Code Bowling Green OH 43402		Amount of Each Receipt this Period 38.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation AVP^ Dir Clinical Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00	

Full Name (Last, First, Middle Initial) B. Mr. Richard Borofski		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 113 Kathy Ann Lane		Transaction ID: SA11A1.21895	
City State Zip Code McMurray PA 15317		Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) C. Pamela S Britt		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2006	
Mailing Address 27135 State Rt 49		Transaction ID: SA11A1.21940	
City State Zip Code Potomac IL 61865		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	156.46
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Pamella S Britt		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 27135 State Rt 49		Transaction ID: SA11A1.21941
City State Zip Code Potomac IL 61865	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Pamella S Britt		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 27135 State Rt 49		Transaction ID: SA11A1.21942
City State Zip Code Potomac IL 61865	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Pamella S Britt		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 27135 State Rt 49		Transaction ID: SA11A1.21943
City State Zip Code Potomac IL 61865	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional) ▶	240.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Steven M Cavanaugh

Mailing Address 9036 Sand Ridge Drive

City State Zip Code
Holland OH 43528

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

Name of Employer
HCR ManorCare Inc.

Occupation
VP Corporate Development

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.76

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

Transaction ID: SA11A1.22047

Amount of Each Receipt this Period
57.69

B. Full Name (Last, First, Middle Initial)
Steven M Cavanaugh

Mailing Address 9036 Sand Ridge Drive

City State Zip Code
Holland OH 43528

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

Name of Employer
HCR ManorCare Inc.

Occupation
VP Corporate Development

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.22048

Amount of Each Receipt this Period
57.69

C. Full Name (Last, First, Middle Initial)
Steven M Cavanaugh

Mailing Address 9036 Sand Ridge Drive

City State Zip Code
Holland OH 43528

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

Name of Employer
HCR ManorCare Inc.

Occupation
VP Corporate Development

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.22049

Amount of Each Receipt this Period
57.69

SUBTOTAL of Receipts This Page (optional)	▶	173.07
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. William Chenevert		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 620 Ashbury Drive		Transaction ID: SA11A1.22058
City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Operations Support	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Mr. William Chenevert		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 620 Ashbury Drive		Transaction ID: SA11A1.22059
City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Operations Support	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Mr. William Chenevert		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 620 Ashbury Drive		Transaction ID: SA11A1.22060
City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Operations Support	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	210.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. William Chenevert		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 620 Ashbury Drive		Transaction ID: SA11A1.22061
City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Operations Support	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Shawn P Corley		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 1851 Creekview Dr.		Transaction ID: SA11A1.22103
City State Zip Code Marysville OH 43040	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. R Michael Ferguson		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2006
Mailing Address 2450 Underhill Rd		Transaction ID: SA11A1.22355
City State Zip Code Toledo OH 43615	Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP & Dir of Purchasing	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

SUBTOTAL of Receipts This Page (optional) ▶	167.69
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. R Michael Ferguson		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 2450 Underhill Rd		Transaction ID: SA11A1.22356	
City State Zip Code Toledo OH 43615		Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation VP & Dir of Purchasing	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 288.45	

Full Name (Last, First, Middle Initial) B. R Michael Ferguson		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 2450 Underhill Rd		Transaction ID: SA11A1.22357	
City State Zip Code Toledo OH 43615		Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation VP & Dir of Purchasing	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 346.14	

Full Name (Last, First, Middle Initial) C. Sally A Gates		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 2011 20Th Ln		Transaction ID: SA11A1.22428	
City State Zip Code Palm Beach Gardens FL 33418		Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	160.38
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Sally A Gates		Date of Receipt MM / DD / YYYY 03 / 22 / 2006
Mailing Address 2011 20Th Ln		Transaction ID: SA11A1.22429
City Palm Beach Gardens	State FL	Zip Code 33418
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.00	
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Larry Robert Godla		Date of Receipt MM / DD / YYYY 02 / 22 / 2006
Mailing Address 1556 Mary Ellen Court		Transaction ID: SA11A1.22433
City Mclean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 57.69	
Name of Employer HCR ManorCare Inc.	Occupation VP Develop/Construction	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) C. Larry Robert Godla		Date of Receipt MM / DD / YYYY 03 / 08 / 2006
Mailing Address 1556 Mary Ellen Court		Transaction ID: SA11A1.22434
City Mclean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 57.69	
Name of Employer HCR ManorCare Inc.	Occupation VP Develop/Construction	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	

SUBTOTAL of Receipts This Page (optional)	160.38
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Larry Robert Godla		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 1556 Mary Ellen Court		Transaction ID: SA11A1.22435
City State Zip Code Mclean VA 22101	Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Develop/Construction	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name (Last, First, Middle Initial) B. Mr. John Graham		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 3000 Riva Ridge Rd		Transaction ID: SA11A1.21649
City State Zip Code Toledo OH 43615	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Donation
Name of Employer HCR ManorCare, Inc.	Occupation VP/GM - Heartland Hospice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Bradley J Granger		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006
Mailing Address 246 Dogwood Dr.		Transaction ID: SA11A1.22458
City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	2107.69
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Bradley J Granger		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 246 Dogwood Dr.		Transaction ID: SA11A1.22459	
City State Zip Code Delaware OH 43015		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR ManorCare Inc. Regional Director of Operation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Pamela Grant		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 403 Hartless Rd		Transaction ID: SA11A1.22471	
City State Zip Code Amherst VA 24521		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR ManorCare Inc. Sr Administrator			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Ruth G Graziano		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 3370 Singerly Rd		Transaction ID: SA11A1.22483	
City State Zip Code Elkton MD 21921-2639		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR ManorCare Inc. Regional Director of Operation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	140.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 17 / 54
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ruth G Graziano		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 3370 Singerly Rd		Transaction ID: SA11A1.22484	
City State Zip Code Elkton MD 21921-2639	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Jeffrey Grillo		Date of Receipt M M / D D / Y Y Y Y 02 / 08 / 2006	
Mailing Address 20566 Courier Ridge Place		Transaction ID: SA11A1.22499	
City State Zip Code Ashburn VA 20147	Amount of Each Receipt this Period 76.92		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76		

Full Name (Last, First, Middle Initial) C. Jeffrey Grillo		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2006	
Mailing Address 20566 Courier Ridge Place		Transaction ID: SA11A1.22500	
City State Zip Code Ashburn VA 20147	Amount of Each Receipt this Period 76.92		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68		

SUBTOTAL of Receipts This Page (optional) ▶	203.84
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Jeffrey Grillo		Date of Receipt MM / DD / YYYY 03 / 08 / 2006
Mailing Address 20566 Courier Ridge Place		Transaction ID: SA11A1.22501
City Ashburn	State VA	Zip Code 20147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

Full Name (Last, First, Middle Initial) B. Jeffrey Grillo		Date of Receipt MM / DD / YYYY 03 / 22 / 2006
Mailing Address 20566 Courier Ridge Place		Transaction ID: SA11A1.22502
City Ashburn	State VA	Zip Code 20147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

Full Name (Last, First, Middle Initial) C. Stephen L. Guillard		Date of Receipt MM / DD / YYYY 01 / 25 / 2006
Mailing Address 217 Garden St.		Transaction ID: SA11A1.22521
City Needham	State MA	Zip Code 02492
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.85
Name of Employer HCR ManorCare Inc.	Occupation Executive Vice President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.70	

SUBTOTAL of Receipts This Page (optional)	▶	307.69
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Stephen L Guillard		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 217 Garden St.		Transaction ID: SA11A1.22522	
City Needham	State MA	Zip Code 02492	Amount of Each Receipt this Period 153.85
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Executive Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.55		

Full Name (Last, First, Middle Initial) B. Stephen L Guillard		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address 217 Garden St.		Transaction ID: SA11A1.22523	
City Needham	State MA	Zip Code 02492	Amount of Each Receipt this Period 153.85
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Executive Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.40		

Full Name (Last, First, Middle Initial) C. Stephen L Guillard		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address 217 Garden St.		Transaction ID: SA11A1.22524	
City Needham	State MA	Zip Code 02492	Amount of Each Receipt this Period 153.85
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Executive Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.25		

SUBTOTAL of Receipts This Page (optional) ▶	461.55
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 54
	<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)
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
HCR ManorCare Inc.

Occupation
Executive Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.10

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2006

Transaction ID: SA11A1.22525

Amount of Each Receipt this Period
153.85

B. Full Name (Last, First, Middle Initial)
Mark Guth

Mailing Address 28746 Little Big Horn Drive

City State Zip Code
Evergreen CO 80439

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

Name of Employer
HCR Manor Care, Inc.

Occupation
DMD - Marketing Mid States Division

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2006

Transaction ID: SA11A1.22531

Amount of Each Receipt this Period
36.00

C. Full Name (Last, First, Middle Initial)
Leon Douglas Hall

Mailing Address 1642 Mountain Shadow Trail

City State Zip Code
Stone Mountain GA 30087

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

Name of Employer
HCR ManorCare Inc.

Occupation
Regional Dir of Ops

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2006

Transaction ID: SA11A1.21698

Amount of Each Receipt this Period
250.00

Weekly payroll deduction - \$25

SUBTOTAL of Receipts This Page (optional)	▶	439.85
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. J Susan Harless		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 7525 Kings Hollow Court		Transaction ID: SA11A1.22552
City State Zip Code Toledo OH 43617	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Clin Serv^ 4H	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. J Susan Harless		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 7525 Kings Hollow Court		Transaction ID: SA11A1.22553
City State Zip Code Toledo OH 43617	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Clin Serv^ 4H	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. J Susan Harless		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 7525 Kings Hollow Court		Transaction ID: SA11A1.22554
City State Zip Code Toledo OH 43617	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Clin Serv^ 4H	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	240.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. Alan Hash		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 9496South Dunbar Circle		Transaction ID: SA11A1.22571
City State Zip Code South Jordan UT 84095	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director - Western Division 5	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) B. Kevin C Henricks		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 23 Chicago St. Apt.G		Transaction ID: SA11A1.22589
City State Zip Code Plainfield IL 60544	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Lynn M Hood		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 15415 Meadow Wood Dr		Transaction ID: SA11A1.22661
City State Zip Code Wellington FL 33414	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Asst General Mgr	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

SUBTOTAL of Receipts This Page (optional) ▶	116.92
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Kathryn Hoops		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address 24708 McCutchenville Road		Transaction ID: SA11A1.22665	
City Perrysburg	State OH	Zip Code 43551	Amount of Each Receipt this Period 63.46
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.	Occupation VP of Tax		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.84		

Full Name (Last, First, Middle Initial) B. Kathryn Hoops		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address 24708 McCutchenville Road		Transaction ID: SA11A1.22666	
City Perrysburg	State OH	Zip Code 43551	Amount of Each Receipt this Period 63.46
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.	Occupation VP of Tax		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.30		

Full Name (Last, First, Middle Initial) C. Kathryn Hoops		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6	
Mailing Address 24708 McCutchenville Road		Transaction ID: SA11A1.22667	
City Perrysburg	State OH	Zip Code 43551	Amount of Each Receipt this Period 63.46
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.	Occupation VP of Tax		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.76		

SUBTOTAL of Receipts This Page (optional) ▶	190.38
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 54
	<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. Janet Howells

Mailing Address 266 Crossing Creek North

City State Zip Code
Gahanna OH 43230

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.21645

Amount of Each Receipt this Period
1000.00

Donation

B. Full Name (Last, First, Middle Initial)
Rebecca J Hullinger

Mailing Address 1250 Horseshoe Cir #105

City State Zip Code
Ann Arbor MI 48108

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

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

Receipt For: 2006 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2006

Transaction ID: SA11A1.22709

Amount of Each Receipt this Period
40.00

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

Mailing Address 79 Bradford Place

City State Zip Code
Crete IL 60417

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

Name of Employer Occupation
HCR ManorCare Inc. Sr Administrator

Receipt For: 2006 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2006

Transaction ID: SA11A1.22745

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)	▶	1075.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms Diane Johnson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address 347 Lenape Trail		Transaction ID: SA11A1.22791	
City State Zip Code Allentown PA 18104		Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) B. Ms Diane Johnson		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address 347 Lenape Trail		Transaction ID: SA11A1.22792	
City State Zip Code Allentown PA 18104		Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 288.45	

Full Name (Last, First, Middle Initial) C. Ms Diane Johnson		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6	
Mailing Address 347 Lenape Trail		Transaction ID: SA11A1.22793	
City State Zip Code Allentown PA 18104		Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 346.14	

SUBTOTAL of Receipts This Page (optional) ▶	173.07
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Matthew Kang		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 1938 Ottawa Lane		Transaction ID: SA11A1.22818	
City State Zip Code Perrysburg OH 43551		Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR ManorCare Inc. Asst Treasurer^ Dir of Finance			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) B. Andrew Koha		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 7620 Isaac Drive		Transaction ID: SA11A1.21647	
City State Zip Code Middleburg Heights OH 44130		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR Manor Care, Inc. RDO - Central 5		Donation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. David Lanning		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 806 Copley Lane		Transaction ID: SA11A1.22902	
City State Zip Code Silver Spring MD 20904		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR.ManorCare, Inc. Vice President, Development			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	588.46
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. David Lanning		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 806 Copley Lane		Transaction ID: SA11A1.22903
City State Zip Code Silver Spring MD 20904	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Development	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Barry A Lazarus		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006
Mailing Address 2629 Liverpool Ct		Transaction ID: SA11A1.22914
City State Zip Code Toledo OH 43617	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Reimbursement	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Barry A Lazarus		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 2629 Liverpool Ct		Transaction ID: SA11A1.22915
City State Zip Code Toledo OH 43617	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Reimbursement	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Larry C Lester		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 13507 Westbrook		Transaction ID: SA11A1.22942
City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation General Mgr^ VP Marketing	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

Full Name (Last, First, Middle Initial) B. Larry C Lester		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 13507 Westbrook		Transaction ID: SA11A1.22943
City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation General Mgr^ VP Marketing	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.00	

Full Name (Last, First, Middle Initial) C. Larry C Lester		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 13507 Westbrook		Transaction ID: SA11A1.22944
City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 77.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation General Mgr^ VP Marketing	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

SUBTOTAL of Receipts This Page (optional) ▶	231.00
TOTAL This Period (last page this line number only) ▶	77.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Larry C Lester		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 13507 Westbrook		Transaction ID: SA11A1.22945	
City Plymouth	State MI	Zip Code 48170	Amount of Each Receipt this Period 77.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation General Mgr^ VP Marketing		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00		

Full Name (Last, First, Middle Initial) B. Carrie Lund		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 14802 Dunston Place		Transaction ID: SA11A1.22970	
City Tampa	State FL	Zip Code 33618	Amount of Each Receipt this Period 37.31
FEC ID number of contributing federal political committee. C			
Name of Employer HCR Manor Care, Inc.	Occupation Sr. Administrator - Palm Harbor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.86		

Full Name (Last, First, Middle Initial) C. Mr. Michael Martinez		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 10300 Golf Course Rd NW #816		Transaction ID: SA11A1.22994	
City Alb	State NM	Zip Code 87114	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR Manor Care, Inc	Occupation RDO - Mid States		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)	154.31
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Murry J Mercier		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 7110 Oak Bluff Lane		Transaction ID: SA11A1.23045
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Dir of Information Serv	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Murry J Mercier		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 7110 Oak Bluff Lane		Transaction ID: SA11A1.23046
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Dir of Information Serv	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Murry J Mercier		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 7110 Oak Bluff Lane		Transaction ID: SA11A1.23047
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Dir of Information Serv	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Murry J Mercier		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 7110 Oak Bluff Lane		Transaction ID: SA11A1.23048
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Dir of Information Serv	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Ms Sylvia Messina		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006
Mailing Address 103 Aspen Avenue		Transaction ID: SA11A1.23061
City State Zip Code Sinking Spring PA 19608	Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.95	

Full Name (Last, First, Middle Initial) C. Ms Sylvia Messina		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 103 Aspen Avenue		Transaction ID: SA11A1.23062
City State Zip Code Sinking Spring PA 19608	Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80	

SUBTOTAL of Receipts This Page (optional) ▶	157.70
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms Sylvia Messina		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 103 Aspen Avenue		Transaction ID: SA11A1.23063	
City State Zip Code Sinking Spring PA 19608		Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR.ManorCare, Inc. Regional Director of Operations			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 259.65	

Full Name (Last, First, Middle Initial) B. Mr. Doug Mock		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 308 East Front Street		Transaction ID: SA11A1.21651	
City State Zip Code Perrysburg OH 43551		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR Manor Care, Inc. Regional Director of Ops		Donation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Spencer Moler		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address 8645 Ponte Vedra Court		Transaction ID: SA11A1.21643	
City State Zip Code Holland OH 43528		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR Manor Care, Inc. VP/Controller		Donation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	3528.85
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms Susan Morey		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2006
Mailing Address 700 Hunters Road		Transaction ID: SA11A1.23150
City Mohnnton	State PA	Amount of Each Receipt this Period 50.00
Zip Code 19540	FEC ID number of contributing federal political committee. C	
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms Susan Morey		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2006
Mailing Address 700 Hunters Road		Transaction ID: SA11A1.23151
City Mohnnton	State PA	Amount of Each Receipt this Period 50.00
Zip Code 19540	FEC ID number of contributing federal political committee. C	
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Linda Neumann		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2006
Mailing Address 28 Roslyn Road		Transaction ID: SA11A1.23199
City Grosse Pointe Shor	State MI	Amount of Each Receipt this Period 38.46
Zip Code 48236	FEC ID number of contributing federal political committee. C	
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

SUBTOTAL of Receipts This Page (optional)	▶	138.46
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Gordon C Ochs		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006
Mailing Address 2505 Waterford Court		Transaction ID: SA11A1.23227
City State Zip Code Palmetto FL 34221	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Gordon C Ochs		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 2505 Waterford Court		Transaction ID: SA11A1.23228
City State Zip Code Palmetto FL 34221	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Ms Leslie Ohm		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006
Mailing Address 12331 South 71st Avenue		Transaction ID: SA11A1.23239
City State Zip Code Palos Heights IL 60463	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms Leslie Ohm		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 12331 South 71st Avenue		Transaction ID: SA11A1.23240	
City Palos Heights	State IL	Zip Code 60463	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Ms. Annette Orłowski		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 669 Highway 60		Transaction ID: SA11A1.23245	
City Cedarburg	State WI	Zip Code 53012	Amount of Each Receipt this Period 46.15
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.	Occupation Director, Clinical Services		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.75		

Full Name (Last, First, Middle Initial) C. Ms. Annette Orłowski		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 669 Highway 60		Transaction ID: SA11A1.23246	
City Cedarburg	State WI	Zip Code 53012	Amount of Each Receipt this Period 46.15
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.	Occupation Director, Clinical Services		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.90		

SUBTOTAL of Receipts This Page (optional)	142.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. James Pagoaga		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 13129 Fox Path Lane		Transaction ID: SA11A1.23270
City State Zip Code West Friendship MD 21794	Amount of Each Receipt this Period 38.47	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Rehabilitation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.82	

Full Name (Last, First, Middle Initial) B. Mr. David Parker		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2006
Mailing Address 1876 Wyandotte		Transaction ID: SA11A1.23276
City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 55.75	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation AVP - Central Division	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.00	

Full Name (Last, First, Middle Initial) C. Mr. David Parker		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006
Mailing Address 1876 Wyandotte		Transaction ID: SA11A1.23277
City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 55.75	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation AVP - Central Division	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.75	

SUBTOTAL of Receipts This Page (optional) ▶	149.97
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Mr. David Parker		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 1876 Wyandotte		Transaction ID: SA11A1.23278	
City State Zip Code Columbus OH 43212		Amount of Each Receipt this Period 55.75	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation AVP - Central Division	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 334.50	

B. Full Name (Last, First, Middle Initial) David III Pipkin		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 9211 Marydell Rd		Transaction ID: SA11A1.23338	
City State Zip Code Ellicott City MD 21042		Amount of Each Receipt this Period 38.47	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.82	

C. Full Name (Last, First, Middle Initial) Clifton J Porter II		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2006	
Mailing Address 3929 Azalea Circle		Transaction ID: SA11A1.23348	
City State Zip Code Maumee OH 43537		Amount of Each Receipt this Period 55.77	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation AVP^ Government Relations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 223.08	

SUBTOTAL of Receipts This Page (optional) ▶	149.99
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) Clifton J Porter II		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 3929 Azalea Circle		Transaction ID: SA11A1.23349	
City Maumee	State OH	Zip Code 43537	Amount of Each Receipt this Period 55.77
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation AVP^ Government Relations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 278.85	

Full Name (Last, First, Middle Initial) Clifton J Porter II		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 3929 Azalea Circle		Transaction ID: SA11A1.23350	
City Maumee	State OH	Zip Code 43537	Amount of Each Receipt this Period 55.77
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation AVP^ Government Relations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 334.62	

Full Name (Last, First, Middle Initial) John I Remenar		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 2723 Rexton Ridge Rd		Transaction ID: SA11A1.23374	
City Toledo	State OH	Zip Code 43617	Amount of Each Receipt this Period 39.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation VP Financial Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.00	

SUBTOTAL of Receipts This Page (optional) ▶	150.54
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Glen Roebuck		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 314 Forest Road		Transaction ID: SA11A1.23398
City State Zip Code Davenport IA 52803	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Francis J Schmitt		Date of Receipt M M / D D / Y Y Y Y 02 / 08 / 2006
Mailing Address 4007 Thistle Hill Court		Transaction ID: SA11A1.23507
City State Zip Code Sugar Land TX 77479	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Francis J Schmitt		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2006
Mailing Address 4007 Thistle Hill Court		Transaction ID: SA11A1.23508
City State Zip Code Sugar Land TX 77479	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Francis J Schmitt		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006
Mailing Address 4007 Thistle Hill Court		Transaction ID: SA11A1.23509
City State Zip Code Sugar Land TX 77479	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Francis J Schmitt		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 4007 Thistle Hill Court		Transaction ID: SA11A1.23510
City State Zip Code Sugar Land TX 77479	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Joyce Louise Smith		Date of Receipt M M / D D / Y Y Y Y 02 / 08 / 2006
Mailing Address 3521 Cedar Creek Court		Transaction ID: SA11A1.23567
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 93.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Clinical Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.00	

SUBTOTAL of Receipts This Page (optional) ▶	253.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 54
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Joyce Louise Smith		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 3521 Cedar Creek Court		Transaction ID: SA11A1.23568
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 93.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Clinical Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00	

Full Name (Last, First, Middle Initial) B. Joyce Louise Smith		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 3521 Cedar Creek Court		Transaction ID: SA11A1.23569
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 93.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Clinical Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) C. Joyce Louise Smith		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 3521 Cedar Creek Court		Transaction ID: SA11A1.23570
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 93.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Clinical Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 558.00	

SUBTOTAL of Receipts This Page (optional) ▶	279.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Marionlee J Specter		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006
Mailing Address 5286 Sell Road		Transaction ID: SA11A1.23594
City State Zip Code New Tripoli PA 18066	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Executive Director	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Mr. Rami Ubaydi		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 2842 Evergreen		Transaction ID: SA11A1.23684
City State Zip Code Toledo OH 43606	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manor Care, Inc.	Occupation Director of OPS Support	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Ms Mary D. Wahl		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 3008 Drummond Road		Transaction ID: SA11A1.21646
City State Zip Code Toledo OH 43606	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Donation
Name of Employer HCR.ManorCare, Inc.	Occupation Director, Corporate Services Managmnt	
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) ▶	320.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. Douglas Wanke		Date of Receipt MM / DD / YYYY 03 / 22 / 2006
Mailing Address 13908 Pondview Road		Transaction ID: SA11A1.23729
City State Zip Code Silver Spring MD 20905	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer HCR.ManorCare, Inc.	Occupation Director of Health Planning	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. M Keith Weikel		Date of Receipt MM / DD / YYYY 01 / 25 / 2006
Mailing Address Three River Hills Ln		Transaction ID: SA11A1.23743
City State Zip Code Toledo OH 43623	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 192.31
Name of Employer HCR ManorCare Inc.	Occupation Sr Executive VP and COO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.62	

Full Name (Last, First, Middle Initial) C. M Keith Weikel		Date of Receipt MM / DD / YYYY 02 / 08 / 2006
Mailing Address Three River Hills Ln		Transaction ID: SA11A1.23744
City State Zip Code Toledo OH 43623	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 192.31
Name of Employer HCR ManorCare Inc.	Occupation Sr Executive VP and COO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	

SUBTOTAL of Receipts This Page (optional)	▶	424.62
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. M Keith Weikel		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address Three River Hills Ln		Transaction ID: SA11A1.23745
City State Zip Code Toledo OH 43623		Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Sr Executive VP and COO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.24	

Full Name (Last, First, Middle Initial) B. M Keith Weikel		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address Three River Hills Ln		Transaction ID: SA11A1.23746
City State Zip Code Toledo OH 43623		Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Sr Executive VP and COO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.55	

Full Name (Last, First, Middle Initial) C. M Keith Weikel		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address Three River Hills Ln		Transaction ID: SA11A1.23747
City State Zip Code Toledo OH 43623		Amount of Each Receipt this Period 192.31
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Sr Executive VP and COO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.86	

SUBTOTAL of Receipts This Page (optional) ▶	576.93
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. Jessie Wolkowicz		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 2009 Sleepy Hollow Drive		Transaction ID: SA11A1.21716
City State Zip Code Arlington TX 76006	Amount of Each Receipt this Period 207.72	
FEC ID number of contributing federal political committee. C	Bi-weekly payroll deduction - \$34.62	
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 ▼ 207.72	

Full Name (Last, First, Middle Initial) B. Dan Wood		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2006
Mailing Address 2121 Richmond		Transaction ID: SA11A1.23805
City State Zip Code Toledo OH 43607	Amount of Each Receipt this Period 58.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Asst General Mgr	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.00	

Full Name (Last, First, Middle Initial) C. Dan Wood		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006
Mailing Address 2121 Richmond		Transaction ID: SA11A1.23806
City State Zip Code Toledo OH 43607	Amount of Each Receipt this Period 58.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Asst General Mgr	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional)	323.72
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Dan Wood		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 2121 Richmond		Transaction ID: SA11A1.23807	
City State Zip Code Toledo OH 43607		Amount of Each Receipt this Period 58.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Asst General Mgr	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 348.00	

Full Name (Last, First, Middle Initial) B. Ms Sherriann Wood		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 5 Aberfield Lane		Transaction ID: SA11A1.23812	
City State Zip Code Miamisburg OH 45342		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation RDO - Central Division Region 2	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms Sherriann Wood		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 5 Aberfield Lane		Transaction ID: SA11A1.23813	
City State Zip Code Miamisburg OH 45342		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation RDO - Central Division Region 2	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	158.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms. Nancy Lee Zant		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address 6970 St. Edwards Loop		Transaction ID: SA11A1.23876	
City State Zip Code Fort Meyers FL 33912	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.	Occupation Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Ms. Nancy Lee Zant		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address 6970 St. Edwards Loop		Transaction ID: SA11A1.23877	
City State Zip Code Fort Meyers FL 33912	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.	Occupation Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) C. Ms. Nancy Lee Zant		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6	
Mailing Address 6970 St. Edwards Loop		Transaction ID: SA11A1.23878	
City State Zip Code Fort Meyers FL 33912	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.	Occupation Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

SUBTOTAL of Receipts This Page (optional) ▶	165.00
TOTAL This Period (last page this line number only) ▶	15695.42

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 48 / 54

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.21680 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FEINSTEIN FOR SENATE		Transaction ID: SB23.21681 Date of Disbursement
Mailing Address 601 S GLENOAKS BLVD #211		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City BURBANK	State CA	Zip Code 91502
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 00		

Full Name (Last, First, Middle Initial) C. McCrery for Congress		Transaction ID: SB23.21684 Date of Disbursement
Mailing Address 1900 CNB Tower 333 Texas Street		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City Shreveport	State LA	Zip Code 71101
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="1500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 04		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 54

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Category/
Type

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

Transaction ID: SB23.21685

Date of Disbursement

03 / 09 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PRYCE FOR CONGRESS

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: OH District: 15

Transaction ID: SB23.21688

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address PO BOX 1859

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: SD District: 00

Transaction ID: SB23.21679

Date of Disbursement

01 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

11000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Campaign to elect Marco Rubio		Transaction ID: SB29.21677 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 2100 Ponce de Leon Boulevard Suite 1100		Amount of Each Disbursement this Period 500.00
City Coral Gables	State FL Zip Code 33134	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Campaign to elect Ray Sansom		Transaction ID: SB29.21678 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 328 Holly Street		Amount of Each Disbursement this Period 500.00
City Destin	State FL Zip Code 32541	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Committee to Elect Bill Harris		Transaction ID: SB29.21683 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 1238 Township Road 1506		Amount of Each Disbursement this Period 1000.00
City Ashland	State OH Zip Code 44805	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 19		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 51 / 54

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Committee to Elect Michelle Schneider		Transaction ID: SB29.21689 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 8138 Maxfield Lane		Amount of Each Disbursement this Period 1000.00
City Cincinnati State OH Zip Code 45243		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 35	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) B. Diaz de la Portilla Campaign		Transaction ID: SB29.21675 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 2520 SW 22nd Street Suite 2-076		Amount of Each Disbursement this Period 500.00
City Miami State FL Zip Code 33135		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) C. Friends of John J. Gleason		Transaction ID: SB29.21686 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 604 Leland Street		Amount of Each Disbursement this Period 150.00
City Flushing State MI Zip Code 48433		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	1650.00
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)

PAGE 52 / 54

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Friends of Martin O'Malley		Transaction ID: SB29.21656 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 218 East Lexington Street Suite 602		Amount of Each Disbursement this Period 5000.00
City Baltimore State MD Zip Code 21202	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Friends of Martin O'Malley		Transaction ID: SB29.21657 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 218 East Lexington Street Suite 602		Amount of Each Disbursement this Period -1000.00
City Baltimore State MD Zip Code 21202	Category/ Type	
Purpose of Disbursement Partial refund of check issued 1/3/06		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Kevin Green for State House		Transaction ID: SB29.21682 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6
Mailing Address 4754 Karel Jean Court		Amount of Each Disbursement this Period 350.00
City Wyoming State MI Zip Code 49519	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4350.00
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)

PAGE 53 / 54

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Kim Berfield Campaign		Transaction ID: SB29.21674 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 610 South Boulevard		Amount of Each Disbursement this Period 500.00
City Tampa	State FL	
Zip Code 33606		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Nathaniel J. McFadden for Senate		Transaction ID: SB29.21655 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 1010 Hull Street Suite 202		Amount of Each Disbursement this Period 250.00
City Baltimore	State MD	
Zip Code 21230		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 45		

Full Name (Last, First, Middle Initial) C. Senate Democratic Fund		Transaction ID: SB29.21687 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 11111		Amount of Each Disbursement this Period 500.00
City Lansing	State MI	
Zip Code 48901		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Steve Oelrich Campaign District 14		Transaction ID: SB29.21676 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 5200 NW 43rd Street Suite 102-134		Amount of Each Disbursement this Period 500.00
City Gainesville State FL Zip Code 32606		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Supporters of Thomas 'Mac' Middleton		Transaction ID: SB29.21670 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 2502		Amount of Each Disbursement this Period 1000.00
City LaPlata State MD Zip Code 20646		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	10750.00