

# 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)

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 04 01 2008 through 06 30 2008

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 Mr. Frank Jannazo

Signature of Treasurer Electronically Filed by Mr. Frank Jannazo Date 11 25 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
HCR Manor Care PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		59846.35
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	86751.11									
(c) Total Receipts (from Line 19) .....	56271.47	118239.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	143022.58	178085.46								
7. Total Disbursements (from Line 31) .....	77435.92	112498.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	65586.66	65586.66								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	46684.32	95484.77
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	9495.80	22573.71
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	56180.12	118058.48
(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) .....	56180.12	118058.48
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.) .....	91.35	180.63
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)) .....	56271.47	118239.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	56271.47	118239.11

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	185.92	185.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	185.92	185.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71500.00	93000.00
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.....	5750.00	19312.88
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))..	77435.92	112498.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77435.92	112498.80

**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 .....	56180.12	118058.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56180.12	118058.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	185.92	185.92
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	185.92	185.92

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anthony J Abela		Date of Receipt
	Mailing Address 3622 Deerfield Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Grass Lake	MI	49240
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28532
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 259.60
		<input type="text"/> 259.60	Bi-Weekly Payroll Decuction \$51.92

<b>B.</b>	Full Name (Last, First, Middle Initial) Charlean Adams		Date of Receipt
	Mailing Address 3523 East Manitou Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Muskegeon	MI	49441
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28535
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 334.62
		<input type="text"/> 519.24	Bi-Weekly Payroll Decuction \$30.77

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Gayla M. Adams		Date of Receipt
	Mailing Address 239 County Rd 4328		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Tenaha	TX	75974
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28514
Name of Employer HCR Manor Care, Inc.		Occupation Administrator - Holiday	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.90
		<input type="text"/> 321.42	Bi-Weekly Payroll Decuction \$25.15

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 745.12
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 63  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Jennifer Adams

Mailing Address 6968 Havington Court

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt 06 / 25 / 2008  
**Transaction ID:** SA11AI.28771

Amount of Each Receipt this Period 161.56

Bi-Weekly Payroll Decuction \$23.08

**B.** Full Name (Last, First, Middle Initial)  
Martin D Allen

Mailing Address 7151 Whispering Oak

City State Zip Code  
Sylvania OH 43560

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1326.93

Date of Receipt 06 / 25 / 2008  
**Transaction ID:** SA11AI.28489

Amount of Each Receipt this Period 980.79

Bi-Weekly Payroll Decuction \$153.85

**C.** Full Name (Last, First, Middle Initial)  
John S. Austin

Mailing Address 328 Chanticleer Creek

City State Zip Code  
New Stanton PA 15672

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.47

Date of Receipt 06 / 25 / 2008  
**Transaction ID:** SA11AI.28719

Amount of Each Receipt this Period 141.33

Bi-Weekly Payroll Decuction \$20.19

**SUBTOTAL** of Receipts This Page (optional) ..... 1283.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Tammy Barker-Cronin

Mailing Address 4521 Sutton Road

City State Zip Code  
Britton MI 49229

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

Name of Employer Occupation  
HCR Manor Care, Inc. AVP - Quality Systems

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 616.71

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

**Transaction ID:** SA11AI.28577

Amount of Each Receipt this Period  
340.59

Bi-Weekly Payroll Decuction \$49.71

**B.** Full Name (Last, First, Middle Initial)  
Jocelyn Barnes

Mailing Address 428 169th Court NE

City State Zip Code  
Bradenton FL 34212

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

**Transaction ID:** SA11AI.28580

Amount of Each Receipt this Period  
245.00

Bi-Weekly Payroll Decuction \$35.00

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

Mailing Address 3911 Buell Ave

City State Zip Code  
Toledo OH 43613

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

Name of Employer Occupation  
HCR ManorCare Inc. Dir. Marketing/Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 259.55

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.28521

Amount of Each Receipt this Period  
86.45

Bi-Weekly Payroll Decuction \$28.85

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **672.04**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Burke	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 3908 Tricking Brook Dr.	<b>Transaction ID:</b> SA11AI.28608
	City Richmond State VA Zip Code 23228	Amount of Each Receipt this Period 128.88
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuti- on \$19.23
	Name of Employer HCR ManorCare Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.88	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kim Elaine Byk	Date of Receipt MM / DD / YYYY 04 / 16 / 2008
	Mailing Address 2202 Liberty St. South	<b>Transaction ID:</b> SA11AI.28534
	City Canton State MI Zip Code 48188	Amount of Each Receipt this Period 95.72
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuti- on \$47.86
	Name of Employer HCR ManorCare Inc. Occupation AVP Clinical Support Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 382.88	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dena L Byrd-Byrum	Date of Receipt MM / DD / YYYY 06 / 18 / 2008
	Mailing Address 113 Lowood Lane	<b>Transaction ID:</b> SA11AI.28658
	City Greenville State SC Zip Code 29605	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuti- on \$25.00
	Name of Employer HCR ManorCare Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>374.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charlie F Byrne		Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 4685 Rio Poco Court		<b>Transaction ID:</b> SA11AI.28666
	City Naples	State FL	Zip Code 33109
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.38
	Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	Bi-Weekly Payroll Decuction on \$44.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.38	

<b>B.</b>	Full Name (Last, First, Middle Initial) Nancy L Caras		Date of Receipt MM / DD / YYYY 06 / 18 / 2008
	Mailing Address 1260 Thornapple Dr		<b>Transaction ID:</b> SA11AI.28625
	City Osprey	State FL	Zip Code 34229
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 138.50
	Name of Employer HCR ManorCare Inc.	Occupation Administrator	Bi-Weekly Payroll Decuction on \$27.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 332.40	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. William Chenevert		Date of Receipt MM / DD / YYYY 04 / 16 / 2008
	Mailing Address 620 Ashbury Drive		<b>Transaction ID:</b> SA11AI.28524
	City Perrysburg	State OH	Zip Code 43551
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 380.00
	Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Operations Support	Bi-Weekly Payroll Decuction on \$190.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	818.88
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Barry Chesterman

Mailing Address 13132 Ludlow Avenue

City State Zip Code  
Huntington Woods MI 48070

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

Name of Employer Occupation  
HCR Manor Care, Inc. Regional Rehab Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 377.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28547

Amount of Each Receipt this Period  
203.00

Bi-Weekly Payroll Decuti-  
on \$29.00

**B.** Full Name (Last, First, Middle Initial)  
Steven H Chowen

Mailing Address 1398 Penniman Ave.

City State Zip Code  
plymouth MI 48170

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2008

**Transaction ID:** SA11AI.28725

Amount of Each Receipt this Period  
250.00

Bi-Weekly Payroll Decuti-  
on \$50.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Denise Clements

Mailing Address 16953 S. Mohican Drive

City State Zip Code  
Lockport IL 60441

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator - Oak Lawn West

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2008

**Transaction ID:** SA11AI.28620

Amount of Each Receipt this Period  
120.00

Bi-Weekly Payroll Decuti-  
on \$20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **573.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Coetzee		Date of Receipt
	Mailing Address PO Box 85		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Naport	PA	17074
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR. Manor Care		Occupation Administrator	Transaction ID: SA11AI.28664
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="325.00"/>	<input type="text" value="175.00"/>
			Bi-Weekly Payroll Decuti- on \$25.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Pamela Cox		Date of Receipt
	Mailing Address 6238 Shadowood Circle		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Naples	FL	34112
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR.ManorCare, Inc.		Occupation Administrator	Transaction ID: SA11AI.28626
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="455.00"/>	<input type="text" value="245.00"/>
			Bi-Weekly Payroll Decuti- on \$35.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas S Crail		Date of Receipt
	Mailing Address 5704 Ashbrook Drive		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Toledo	OH	43614
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation Dir. Quality Mgmt	Transaction ID: SA11AI.28495
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="100.00"/>
			Bi-Weekly Payroll Decuti- on \$25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="520.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 63  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Cecilia Credille

Mailing Address 534 Hevern Drive

City State Zip Code  
Wheaton IL 60187

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2008  
Transaction ID: SA11AI.28433  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Deborah Cszasz

Mailing Address 3715 Spear St.

City State Zip Code  
Bethlehem PA 18020

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

Name of Employer Occupation  
HCR Manor Care, Inc. Managed Care Consultant - Eastern

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.04

Date of Receipt: 06 / 25 / 2008  
Transaction ID: SA11AI.28572  
Amount of Each Receipt this Period: 126.56  
Bi-Weekly Payroll Decuction \$18.08

**C.** Full Name (Last, First, Middle Initial)  
Jamie S D'Angelo

Mailing Address 26 Oakland Ave

City State Zip Code  
Wheeling WV 26003

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.68

Date of Receipt: 06 / 25 / 2008  
Transaction ID: SA11AI.28541  
Amount of Each Receipt this Period: 137.48  
Bi-Weekly Payroll Decuction \$19.97

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1264.04

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

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

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

FOR LINE NUMBER: PAGE 14 / 63  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Linda J Dailey

Mailing Address 126 Cornerstone Dr.

City State Zip Code  
Marietta OH 45750

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28721

Amount of Each Receipt this Period  
154.00

Bi-Weekly Payroll Decuti-  
on \$22.00

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

Mailing Address 612 W. Magnolia

City State Zip Code  
Pana IL 62557

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

Name of Employer Occupation  
HCR ManorCare Inc. Dir^ Clinical Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 674.96

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28698

Amount of Each Receipt this Period  
363.44

Bi-Weekly Payroll Decuti-  
on \$51.92

**C.** Full Name (Last, First, Middle Initial)  
Brenda Decker

Mailing Address 69 E. Pettibone Street

City State Zip Code  
Forty Fort PA 18704

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 313.56

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28744

Amount of Each Receipt this Period  
168.84

Bi-Weekly Payroll Decuti-  
on \$24.12

**SUBTOTAL** of Receipts This Page (optional) ..... ► **686.28**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kathleen Dell		Date of Receipt
	Mailing Address 5750 Belle Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2008
	City	State	Zip Code
	Davenport	IA	52807
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28759
Name of Employer HCR Manor Care, Inc.		Occupation Regional Rehab Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 361.70	<input type="text"/> 197.30
			Bi-Weekly Payroll Decuti- on \$28.50

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy C Dietzen		Date of Receipt
	Mailing Address 3615 Sunnyview Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 18 / 2008
	City	State	Zip Code
	Appleton	WI	54914
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28645
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 150.00
			Bi-Weekly Payroll Decuti- on \$25.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Larry Doenitz		Date of Receipt
	Mailing Address 3162 Crystal Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2008
	City	State	Zip Code
	Lambertville	MI	48144
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28434
Name of Employer HCR Manor Care, Inc.		Occupation Director of Ops Support	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 847.30
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David K Donin	Date of Receipt MM / DD / YYYY 06 / 18 / 2008
	Mailing Address 11608 Everglade Court	<b>Transaction ID:</b> SA11AI.28766
	City State Zip Code North Potomac MD 20878	Amount of Each Receipt this Period 181.74
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Decuti- on \$30.29
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.77	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Nancy Edwards	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 5726 Rolbesay Drive	<b>Transaction ID:</b> SA11AI.28476
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 1344.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Decuti- on \$192.00
	Name of Employer Occupation HCR ManorCare, Inc. General Manager, Central Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) R Michael Ferguson	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 2450 Underhill Rd	<b>Transaction ID:</b> SA11AI.28554
	City State Zip Code Toledo OH 43615	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Decuti- on \$76.92
	Name of Employer Occupation HCR ManorCare Inc. VP & Dir of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2025.74
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 63  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Sara M Fielding-Russell

Mailing Address 3601 Hawthorne Dr

City State Zip Code  
Richfield OH 44286

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.35

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28633

Amount of Each Receipt this Period  
142.49

Bi-Weekly Payroll Decuction \$17.03

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth M Foley

Mailing Address 2313 Rockspring Rd

City State Zip Code  
Toledo OH 43614

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

Name of Employer Occupation  
HCR ManorCare Inc. Legal Counsel II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 414.35

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28679

Amount of Each Receipt this Period  
227.15

Bi-Weekly Payroll Decuction \$32.45

**C.**

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

Mailing Address 3115 Wynstone Dr

City State Zip Code  
Quincy IL 62305

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 743.30

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28502

Amount of Each Receipt this Period  
401.42

Bi-Weekly Payroll Decuction \$59.54

**SUBTOTAL** of Receipts This Page (optional) ..... ► **771.06**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jamie Fox	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 705A Allentown Rd	<b>Transaction ID:</b> SA11AI.28656
	City State Zip Code Sellersville PA 18960	Amount of Each Receipt this Period 139.08
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Decuction \$20.20
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.36	

<b>B.</b>	Full Name (Last, First, Middle Initial) George Frill	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 2006 Hale Ct	<b>Transaction ID:</b> SA11AI.28594
	City State Zip Code Wyomising PA 19610	Amount of Each Receipt this Period 143.95
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Decuction \$22.79
	Name of Employer Occupation HCR Manor Care, Inc. Administrator - Laureldale	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.95	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles T George	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 111 Pepperbush	<b>Transaction ID:</b> SA11AI.28509
	City State Zip Code Bellefontaine OH 43311	Amount of Each Receipt this Period 185.29
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Decuction \$26.47
	Name of Employer Occupation HCR ManorCare Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 344.11	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>468.32</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Gloth	Date of Receipt MM / DD / YYYY 04 / 02 / 2008
	Mailing Address 2322 Hidden Brook Road	<b>Transaction ID:</b> SA11AI.28750
	City State Zip Code Finksburg MD 21048	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$5000.00
	Name of Employer Occupation HCR Manor Care, Inc. VP - Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Larry Robert Godla	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 1556 Mary Ellen Court	<b>Transaction ID:</b> SA11AI.28575
	City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 538.44
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decucti- on \$76.92
	Name of Employer Occupation HCR ManorCare Inc. VP Develop/Construction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. John Graham	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 3000 Riva Ridge Rd	<b>Transaction ID:</b> SA11AI.28479
	City State Zip Code Toledo OH 43615	Amount of Each Receipt this Period 1076.95
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decucti- on \$153.85
	Name of Employer Occupation HCR.ManorCare, Inc. VP/GM - Heartland Hospice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.05	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6615.39</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ruth G Graziano	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 503 Elk Mills Road	<b>Transaction ID:</b> SA11AI.28604
	City State Zip Code Oxford PA 19363	Amount of Each Receipt this Period 376.95
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$53.85
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.05	

<b>B.</b>	Full Name (Last, First, Middle Initial) Deborah L Gross	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 687 Westview NW	<b>Transaction ID:</b> SA11AI.28592
	City State Zip Code Grand Rapids MI 49504	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$20.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Crestview	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen L Guillard	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 217 Garden St.	<b>Transaction ID:</b> SA11AI.28737
	City State Zip Code Needham MA 02492	Amount of Each Receipt this Period 1346.11
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$192.31
Name of Employer HCR ManorCare Inc.	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.97	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1863.06</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen Harris	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 8250 SW 8th St	<b>Transaction ID:</b> SA11AI.28563
	City State Zip Code North Lauderdale FL 33068	Amount of Each Receipt this Period 154.07
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$22.01
Name of Employer HCR ManorCare Inc.	Occupation Assistant Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.13	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Alan Hash	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 9496South Dunbar Circle	<b>Transaction ID:</b> SA11AI.28567
	City State Zip Code South Jordan UT 84095	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$30.00
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director - Western Division 5	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin C Henricks	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 23 Chicago St. Apt.G	<b>Transaction ID:</b> SA11AI.28555
	City State Zip Code Plainfield IL 60544	Amount of Each Receipt this Period 292.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$42.00
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 532.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>656.07</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Timothy M Hock	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 8054 Tillicum Grove North	<b>Transaction ID:</b> SA11AI.28537
	City State Zip Code Rockford MI 49341	Amount of Each Receipt this Period 269.22
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$38.46
	Name of Employer Occupation HCR ManorCare Inc. Regional Director of Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Paul E. Hoffman	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 4829 Rhone Drive	<b>Transaction ID:</b> SA11AI.28651
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 162.79
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$23.40
	Name of Employer Occupation HCR Manor Care, Inc. Director of Ops Support - Midstates	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.13	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lynn M Hood	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 15415 Meadow Wood Dr	<b>Transaction ID:</b> SA11AI.28504
	City State Zip Code Wellington FL 33414	Amount of Each Receipt this Period 665.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$95.00
	Name of Employer Occupation HCR ManorCare Inc. Asst General Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1097.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lynn M Hood	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 15415 Meadow Wood Dr	<b>Transaction ID:</b> SA11AI.28435
	City State Zip Code Wellington FL 33414	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HCR ManorCare Inc. Asst General Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3235.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathryn Hoops	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 24708 McCutchenville Road	<b>Transaction ID:</b> SA11AI.28678
	City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 346.14
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Decuction \$115.38
	Name of Employer Occupation HCR.ManorCare, Inc. VP of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. John Huber	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 26448 Carronade Drive	<b>Transaction ID:</b> SA11AI.28525
	City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 315.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Decuction \$45.00
	Name of Employer Occupation HCR.ManorCare, Inc. Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2661.14
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rebecca J Hullinger	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 1250 Horseshoe Cir #105	<b>Transaction ID:</b> SA11AI.28484
	City State Zip Code Ann Arbor MI 48108	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuti- on \$40.00
	Name of Employer Occupation HCR ManorCare Inc. Clinical Prog Implem Consult	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank A Jannazo	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 3466 Country Farms Road	<b>Transaction ID:</b> SA11AI.28491
	City State Zip Code Oregon OH 43616	Amount of Each Receipt this Period 245.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuti- on \$35.00
	Name of Employer Occupation HCR ManorCare Inc. Dir^ Accounts Receivable	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Diane Johnson	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 206 Ruth Road	<b>Transaction ID:</b> SA11AI.28569
	City State Zip Code Fleetwood PA 19522	Amount of Each Receipt this Period 503.16
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuti- on \$71.88
	Name of Employer Occupation HCR.ManorCare, Inc. Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 934.44	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1028.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 63  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

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

Mailing Address 4266 Shire Landing

City Hillard State OH Zip Code 43026

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 649.84

Date of Receipt 06 / 25 / 2008

Transaction ID: SA11AI.28763

Amount of Each Receipt this Period 354.46

Bi-Weekly Payroll Decuction on \$51.20

**B.**

Full Name (Last, First, Middle Initial)  
Ken Kang

Mailing Address 513 Adams Street Apt. #909

City Toledo State OH Zip Code 43604

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

Name of Employer HCR Manor Care, Inc. Occupation Analyst - Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.23

Date of Receipt 06 / 25 / 2008

Transaction ID: SA11AI.28657

Amount of Each Receipt this Period 103.85

Bi-Weekly Payroll Decuction on \$11.54

**C.**

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

Mailing Address 103 Kama Lane

City Cross Lanes State WV Zip Code 25313

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

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 344.50

Date of Receipt 06 / 25 / 2008

Transaction ID: SA11AI.28590

Amount of Each Receipt this Period 185.50

Bi-Weekly Payroll Decuction on \$26.50

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **643.81**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 63  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Andrew Koha

Mailing Address 7620 Isaac Drive

City Middleburg Heights State OH Zip Code 44130

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

Name of Employer HCR Manor Care, Inc. Occupation RDO - Central 5

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 25 / 2008

**Transaction ID:** SA11AI.28696

Amount of Each Receipt this Period 350.00

Bi-Weekly Payroll Decuti- on \$50.00

**B.**

Full Name (Last, First, Middle Initial)  
Amy LaFleur

Mailing Address 207 S. Ann Arbor St.

City Saline State MI Zip Code 48176

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 25 / 2008

**Transaction ID:** SA11AI.28543

Amount of Each Receipt this Period 273.00

Bi-Weekly Payroll Decuti- on \$39.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Lavin

Mailing Address 205 Foxmanor Lane

City Glen Burnie State MD Zip Code 21061

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

Name of Employer HCR Manor Care, Inc. Occupation AIT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 327.37

Date of Receipt 06 / 25 / 2008

**Transaction ID:** SA11AI.28715

Amount of Each Receipt this Period 180.25

Bi-Weekly Payroll Decuti- on \$25.75

**SUBTOTAL** of Receipts This Page (optional) ..... ► **803.25**

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

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

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

FOR LINE NUMBER: PAGE 27 / 63  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Terry L Lawrence Nelson

Mailing Address 1880 Oldfield Dr.

City State Zip Code  
Huntingtown MD 20639

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

Name of Employer Occupation  
HCR ManorCare Inc. Clinical Services ConsultantRN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.02

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2008

**Transaction ID:** SA11AI.28739

Amount of Each Receipt this Period  
255.78

Bi-Weekly Payroll Decuti-  
on \$36.54

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

Mailing Address 13507 Westbrook

City State Zip Code  
Plymouth MI 48170

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1105.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2008

**Transaction ID:** SA11AI.28545

Amount of Each Receipt this Period  
595.00

Bi-Weekly Payroll Decuti-  
on \$85.00

**C.** Full Name (Last, First, Middle Initial)  
Rebecca R Lichtenberger

Mailing Address 558 N. Hillcrest Blvd.

City State Zip Code  
Decatur IL 62522

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 301.60

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2008

**Transaction ID:** SA11AI.28596

Amount of Each Receipt this Period  
162.40

Bi-Weekly Payroll Decuti-  
on \$23.20

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1013.18**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kathleen A Long		Date of Receipt
	Mailing Address 4815 Woodmark Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Fort Wayne	IN	46815
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.28690
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 371.80	<input type="text"/> 185.90
			Bi-Weekly Payroll Decuction \$14.30

<b>B.</b>	Full Name (Last, First, Middle Initial) Carrie Lund		Date of Receipt
	Mailing Address 14802 Dunston Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Tampa	FL	33618
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.28634
Name of Employer HCR Manor Care, Inc.		Occupation Sr. Administrator - Palm Harbor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 574.99	<input type="text"/> 309.61
			Bi-Weekly Payroll Decuction \$44.23

<b>C.</b>	Full Name (Last, First, Middle Initial) Anita M Martinez		Date of Receipt
	Mailing Address 909 Gainesway Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Florissant	MO	63034
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.28624
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 206.60	<input type="text"/> 149.00
			Bi-Weekly Payroll Decuction \$25.96

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 644.51
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 63  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

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

Mailing Address 266 Crossing Creek North

City State Zip Code  
Gahanna OH 43230

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28538

Amount of Each Receipt this Period  
275.00

Bi-Weekly Payroll Decuti-  
on \$55.00

**B.**

Full Name (Last, First, Middle Initial)  
Jill Matelan

Mailing Address 700 Golden Drive

City State Zip Code  
Blandon PA 19510

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

Name of Employer Occupation  
HCR Manor Care, Inc Administrator - Sinking Spring

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2008

**Transaction ID:** SA11AI.28605

Amount of Each Receipt this Period  
52.00

Bi-Weekly Payroll Decuti-  
on \$26.00

**C.**

Full Name (Last, First, Middle Initial)  
William J McDaniel II

Mailing Address 7420 Nightingale Dr. #13

City State Zip Code  
Holland OH 45328

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

Name of Employer Occupation  
HCR Manor Care, Inc Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 237.90

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28727

Amount of Each Receipt this Period  
128.10

Bi-Weekly Payroll Decuti-  
on \$18.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► **455.10**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Mary McKain-Knepper	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address R 458 Plane Street	<b>Transaction ID:</b> SA11AI.28442
	City State Zip Code Weatherly PA 18255	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer HCR.ManorCare, Inc.	Occupation Clinical Services Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Deborah A McMonagle	Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 1632 Patricia Ave	<b>Transaction ID:</b> SA11AI.28723
	City State Zip Code Willow Grove PA 19090	Amount of Each Receipt this Period 377.52
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer HCR ManorCare Inc.	Occupation General Manager	Bi-Weekly Payroll Decucti- on \$29.04
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.04	

<b>C.</b>	Full Name (Last, First, Middle Initial) Murry J Mercier	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 7110 Oak Bluff Lane	<b>Transaction ID:</b> SA11AI.28706
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 1346.17
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer HCR ManorCare Inc.	Occupation VP Dir of Information Serv	Bi-Weekly Payroll Decucti- on \$192.31
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1973.69</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stacy H Mesaros		Date of Receipt
	Mailing Address 1304 234th Pl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 18 / 2008
	City	State	Zip Code
	Des Moines	WA	98198
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28638
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	120.00
			Bi-Weekly Payroll Decuction \$20.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Scott Miller		Date of Receipt
	Mailing Address 198 Old Mill Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2008
	City	State	Zip Code
	Langhorne	PA	19047
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28598
Name of Employer HCR ManorCare Inc.		Occupation Sr Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.03	296.17
			Bi-Weekly Payroll Decuction \$42.31

<b>C.</b>	Full Name (Last, First, Middle Initial) Spencer Moler		Date of Receipt
	Mailing Address 8645 Ponte Vedra Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 16 / 2008
	City	State	Zip Code
	Holland	OH	43528
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28490
Name of Employer HCR Manor Care, Inc.		Occupation VP/Controller	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1538.42	384.56
			Bi-Weekly Payroll Decuction \$192.25

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.73</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Susan Morey	Date of Receipt MM / DD / YYYY 05 / 14 / 2008
	Mailing Address 700 Hunters Road	<b>Transaction ID:</b> SA11AI.28570
	City State Zip Code Mohnton PA 19540	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$50.00
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 ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Joylin Nation	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 15985 Voyageurs Place	<b>Transaction ID:</b> SA11AI.28478
	City State Zip Code West Palm Beach FL 33414	Amount of Each Receipt this Period 269.22
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$38.46
Name of Employer HCR Manor Care, Inc.	Occupation Senior Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

<b>C.</b>	Full Name (Last, First, Middle Initial) David K Nees	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 5315 Rymoor Drive	<b>Transaction ID:</b> SA11AI.28561
	City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 588.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$84.00
Name of Employer HCR. Manor Care, Inc	Occupation Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1057.22
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 63
	<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)  
Linda Neumann

Mailing Address 28 Roslyn Road

City State Zip Code  
Grosse Pointe Shor MI 48236

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.15

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28511

Amount of Each Receipt this Period  
576.15

Bi-Weekly Payroll Decuction \$93.63

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

Mailing Address 2505 Waterford Court

City State Zip Code  
Palmetto FL 34221

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28523

Amount of Each Receipt this Period  
350.00

Bi-Weekly Payroll Decuction \$50.00

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

Mailing Address 12331 South 71st Avenue

City State Zip Code  
Palos Heights IL 60463

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.90

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28574

Amount of Each Receipt this Period  
403.90

Bi-Weekly Payroll Decuction \$57.70

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1330.05**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Annette Orlowski	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 669 Highway 60	<b>Transaction ID:</b> SA11AI.28551
	City State Zip Code Cedarburg WI 53012	Amount of Each Receipt this Period 404.81
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$57.83
Name of Employer HCR.ManorCare, Inc.	Occupation Director, Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 751.79	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ann E Otley	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 333 W Wooster St	<b>Transaction ID:</b> SA11AI.28497
	City State Zip Code Bowling Green OH 43402	Amount of Each Receipt this Period 245.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$35.00
Name of Employer HCR ManorCare Inc.	Occupation Director of Corporate Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. David Parker	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 2154 Tremont Road	<b>Transaction ID:</b> SA11AI.28533
	City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 461.38
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$66.00
Name of Employer HCR.ManorCare, Inc.	Occupation VP Assistant General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 853.66	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1111.19</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

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

Mailing Address 2253 Gray Fox Court

City Ann Arbor State MI Zip Code 48103

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 06 / 25 / 2008

**Transaction ID:** SA11AI.28755

Amount of Each Receipt this Period 1346.17

Bi-Weekly Payroll Decuction \$192.31

**B.**

Full Name (Last, First, Middle Initial)  
Douglas M Parson

Mailing Address 812 County Club Drive

City Butler State MO Zip Code 64730

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 261.05

Date of Receipt 06 / 18 / 2008

**Transaction ID:** SA11AI.28685

Amount of Each Receipt this Period 126.30

Bi-Weekly Payroll Decuction \$21.05

**C.**

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

Mailing Address 8850 Little Creek Road

City Reno State NV Zip Code 89506

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

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 18 / 2008

**Transaction ID:** SA11AI.28747

Amount of Each Receipt this Period 210.00

Bi-Weekly Payroll Decuction \$35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1682.47

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen K Phelps	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address Rt. 4^ Box 87p	<b>Transaction ID:</b> SA11AI.28573
	City State Zip Code Tecumseh OK 74873	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$30.00
Name of Employer HCR ManorCare Inc.	Occupation Admin Dir Of Nursing Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David III Pipkin	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 9211 Marydell Rd	<b>Transaction ID:</b> SA11AI.28709
	City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 352.94
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$50.42
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.64	

<b>C.</b>	Full Name (Last, First, Middle Initial) Clifton J Porter II	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 3929 Azalea Circle	<b>Transaction ID:</b> SA11AI.28544
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 439.41
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$63.27
Name of Employer HCR ManorCare Inc.	Occupation AVP^ Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 808.59	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1002.35</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 63  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

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

Mailing Address 3899 Midshore Drive

City State Zip Code  
Naples FL 34109

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 865.36

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** SA11AI.28749

Amount of Each Receipt this Period  
346.12

Bi-Weekly Payroll Decuti-  
on \$86.50

**B.**

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

Mailing Address 13 Gregory Drive

City State Zip Code  
Kenvil NJ 07847

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 449.36

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28618

Amount of Each Receipt this Period  
245.00

Bi-Weekly Payroll Decuti-  
on \$35.00

**C.**

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

Mailing Address 2723 Rexton Ridge Rd

City State Zip Code  
Toledo OH 43617

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

Name of Employer Occupation  
HCR ManorCare Inc. VP Financial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1940.12

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28494

Amount of Each Receipt this Period  
1044.68

Bi-Weekly Payroll Decuti-  
on \$149.24

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1635.80**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

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

Mailing Address 4647 Calico Court

City Monclova State OH Zip Code 43542

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 353.10

Date of Receipt 05 / 14 / 2008

**Transaction ID:** SA11AI.28754

Amount of Each Receipt this Period 141.24

Bi-Weekly Payroll Decuction \$35.31

**B.** Full Name (Last, First, Middle Initial)  
Glen Roebuck

Mailing Address 314 Forest Road

City Davenport State IA Zip Code 52803

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 559.00

Date of Receipt 06 / 25 / 2008

**Transaction ID:** SA11AI.28582

Amount of Each Receipt this Period 319.00

Bi-Weekly Payroll Decuction \$47.80

**C.** Full Name (Last, First, Middle Initial)  
David R Roth

Mailing Address 5257 Bentwood Drive

City Mason State OH Zip Code 45040

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

Name of Employer HCR ManorCare Inc. Occupation Director Of Planning

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt 06 / 25 / 2008

**Transaction ID:** SA11AI.28492

Amount of Each Receipt this Period 154.00

Bi-Weekly Payroll Decuction \$22.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **614.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lynette M Rugg	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 1348 Oakland Circle	<b>Transaction ID:</b> SA11AI.28722
	City State Zip Code N. Aurora IL 60542	Amount of Each Receipt this Period 178.29
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Decuti- on \$25.47
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.91	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard G Rump	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 2423 Heather Glen Dr	<b>Transaction ID:</b> SA11AI.28558
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 345.94
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Decuti- on \$49.42
	Name of Employer Occupation HCR ManorCare Inc. Dir^ Corporate Communication	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 642.46	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Jane M. Russell	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 420 South Clinton Avenue	<b>Transaction ID:</b> SA11AI.28444
	City State Zip Code Chicago IL 60607	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HCR Manor Care, Inc. Executive Director - Elk Grove Arden	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>774.23</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Francis J Schmitt		Date of Receipt
	Mailing Address 4007 Thistle Hill Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2008
	City	State	Zip Code
	Sugar Land	TX	77479
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28483
Name of Employer HCR ManorCare Inc.		Occupation VP^ Operations	Amount of Each Receipt this Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00	Bi-Weekly Payroll Decucti- on \$80.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Bruce G Schroeder		Date of Receipt
	Mailing Address 10945 Lakeview Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 25 / 2008
	City	State	Zip Code
	Whitehouse	OH	43571
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28488
Name of Employer HCR ManorCare Inc.		Occupation AVP Home Health	Amount of Each Receipt this Period 420.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00	Bi-Weekly Payroll Decucti- on \$60.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Mark Schroepfer		Date of Receipt
	Mailing Address 2328 Bonnie Brae		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 18 / 2008
	City	State	Zip Code
	Santa Ana	CA	92706
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28601
Name of Employer HCR.ManorCare, Inc.		Occupation Administrator	Amount of Each Receipt this Period 120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	Bi-Weekly Payroll Decucti- on \$20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>780.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Edward Schuch	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 304 Adriana Court	<b>Transaction ID:</b> SA11AI.28607
	City State Zip Code Northampton PA 18067	Amount of Each Receipt this Period 217.14
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$31.02
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.14	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Sexton	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 7645 Yawberg Road	<b>Transaction ID:</b> SA11AI.28553
	City State Zip Code Whitehouse OH 43571	Amount of Each Receipt this Period 233.59
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$33.37
	Name of Employer Occupation HCR Manor Care, Inc. Senior Manager - Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 433.81	

<b>C.</b>	Full Name (Last, First, Middle Initial) Theresa J Smelser	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 202 N. Elm Hurst Rd.	<b>Transaction ID:</b> SA11AI.28616
	City State Zip Code Prospect Heights IL 60070	Amount of Each Receipt this Period 214.13
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Decuction \$31.75
	Name of Employer Occupation HCR ManorCare Inc. Sr Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 492.45	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>664.86</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 63
	<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) Dean A Smith		Date of Receipt MM / DD / YYYY 06 / 18 / 2008
Mailing Address 5918 Johnson Street		<b>Transaction ID:</b> SA11AI.28764
City Cantonsville	State MD	Zip Code 21228
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 154.44
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-Weekly Payroll Decuti- on \$25.74
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.01	

**B.**

Full Name (Last, First, Middle Initial) Joyce Louise Smith		Date of Receipt MM / DD / YYYY 06 / 25 / 2008
Mailing Address 3521 Cedar Creek Court		<b>Transaction ID:</b> SA11AI.28480
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 317.30
Name of Employer HCR ManorCare Inc.	Occupation VP^ Clinical Services	Bi-Weekly Payroll Decuti- on \$158.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.30	

**C.**

Full Name (Last, First, Middle Initial) Arthur Spencer		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 1669 Belleville Way # J		<b>Transaction ID:</b> SA11AI.28445
City Sunnyvale	State CA	Zip Code 94087
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>971.74</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 43 / 63  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Patricia Jane Stahr

Mailing Address 807 Johnston Drive

City State Zip Code  
Bethlehem PA 18017

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.61

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** SA11AI.28613

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Anthony J Stinson

Mailing Address 3 Lynnefield Court

City State Zip Code  
Medford NJ 08055

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 438.23

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2008

**Transaction ID:** SA11AI.28599

Amount of Each Receipt this Period  
202.26

Bi-Weekly Payroll Decuti-  
on \$33.71

**C.** Full Name (Last, First, Middle Initial)  
Ms Vicki Tomer

Mailing Address 500 Buckingham Place

City State Zip Code  
Shorewood IL 60431

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** SA11AI.28456

Amount of Each Receipt this Period  
900.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1302.26**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 63  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

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

Mailing Address 27134 Pumpkin Street

City State Zip Code  
Murrieta CA 92562

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.03

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28513

Amount of Each Receipt this Period  
296.17

Bi-Weekly Payroll Decuction \$42.31

**B.**

Full Name (Last, First, Middle Initial)  
Cynthia A Walter

Mailing Address 1860 White Oak Drive

City State Zip Code  
Sinking Spring PA 19608

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28700

Amount of Each Receipt this Period  
140.00

Bi-Weekly Payroll Decuction \$20.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Douglas Wanke

Mailing Address 13908 Pondview Road

City State Zip Code  
Silver Spring MD 20905

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

Name of Employer Occupation  
HCR Manor Care, Inc. Director of Health Planning

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** SA11AI.28576

Amount of Each Receipt this Period  
385.00

Bi-Weekly Payroll Decuction \$55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **821.17**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 63  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Kim M Ward

Mailing Address 2414 Greendale Road

City State Zip Code  
Wilmington DE 19810

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 393.77

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

**Transaction ID:** SA11AI.28757

Amount of Each Receipt this Period  
212.03

Bi-Weekly Payroll Decuction \$30.29

**B.**

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

Mailing Address 12 Arapaho

City State Zip Code  
Shawnee OK 74801

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

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

**Transaction ID:** SA11AI.28695

Amount of Each Receipt this Period  
249.99

Bi-Weekly Payroll Decuction \$19.23

**C.**

Full Name (Last, First, Middle Initial)  
Candy L White

Mailing Address 3514 Sylvan Lane

City State Zip Code  
Peoria IL 61615

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

**Transaction ID:** SA11AI.28670

Amount of Each Receipt this Period  
150.00

Bi-Weekly Payroll Decuction \$25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **612.02**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 63
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Wilcox		Date of Receipt
	Mailing Address 5208 Dry Wells Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 25 / 2008
	City	State	Zip Code
	Austin	TX	78749
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28584
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 225.03	<input type="text"/> 121.17
			Bi-Weekly Payroll Decuction \$17.31

<b>B.</b>	Full Name (Last, First, Middle Initial) Dan Wood		Date of Receipt
	Mailing Address 844 Miami Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 25 / 2008
	City	State	Zip Code
	Toledo	OH	43605
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28564
Name of Employer HCR ManorCare Inc.		Occupation Asst General Mgr	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 826.80	<input type="text"/> 445.20
			Bi-Weekly Payroll Decuction \$63.6

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Sherriann Wood		Date of Receipt
	Mailing Address 5 Aberfield Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 25 / 2008
	City	State	Zip Code
	Miamisburg	OH	45342
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.28477
Name of Employer HCR.ManorCare, Inc.		Occupation RDO - Central Division Region 2	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 519.11	<input type="text"/> 196.01
			Bi-Weekly Payroll Decuction \$29.47

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 762.38
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 47 / 63	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial) Cynthia M Zalewski		Date of Receipt	
Mailing Address 3845 Drummond Rd		M M / D D / Y Y Y Y 06 / 25 / 2008	
City Toledo	State OH	Zip Code 43613	Transaction ID: SA11AI.28542
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 257.18	
Name of Employer HCR ManorCare Inc.	Occupation Senior Attorney	Bi-Weekly Payroll Decuti- on \$36.74	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 477.62		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	257.18
<b>TOTAL</b> This Period (last page this line number only) .....	46684.32

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.

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

Transaction ID: SB21B.29415  
Date of Disbursement

Mailing Address P.O. Box 5065

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

City Cleveland State OH Zip Code 44101-0065

Amount of Each Disbursement this Period

85.54
-------

Purpose of Disbursement  
Service Fees - 0408

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

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

Transaction ID: SB21B.29416  
Date of Disbursement

Mailing Address P.O. Box 5065

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	8

City Cleveland State OH Zip Code 44101-0065

Amount of Each Disbursement this Period

43.90
-------

Purpose of Disbursement  
Service Fees - 0508

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

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

Transaction ID: SB21B.29417  
Date of Disbursement

Mailing Address P.O. Box 5065

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

City Cleveland State OH Zip Code 44101-0065

Amount of Each Disbursement this Period

41.95
-------

Purpose of Disbursement  
Service Fees - 0608

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

171.39
--------

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

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**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 / 63

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.

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

Transaction ID: SB21B.29418

Date of Disbursement

Mailing Address P.O. Box 5065

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

City Cleveland State OH Zip Code 44101-0065

Amount of Each Disbursement this Period

0.50
------

Purpose of Disbursement  
Credit Card Fees - Byrd

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

0.50
------

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

171.89
--------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS	Transaction ID: SB23.28816
	Mailing Address P.O. Box A	Date of Disbursement 06 / 05 / 2008
	City Clarks Summit State PA Zip Code 18411	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name CHRISTOPHER CARNEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CIRO D. RODRIGUEZ FOR CONGRESS	Transaction ID: SB23.28820
	Mailing Address PO Box 14528	Date of Disbursement 06 / 05 / 2008
	City San Antonio State TX Zip Code 78214	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name CIRO D. RODRIGUEZ	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08	Transaction ID: SB23.28786
	Mailing Address 680 TRANSFER ROAD SUITE A	Date of Disbursement 04 / 07 / 2008
	City ST PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Breakfast Event on 04/29/08	Category/ Type
	Candidate Name NORM COLEMAN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR	Transaction ID: SB23.28827 Date of Disbursement
	Mailing Address PO BOX 1096	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City BANGOR State ME Zip Code 04402	Amount of Each Disbursement this Period
	Purpose of Disbursement Dinner Event on 06/30/08	<input type="text" value="3500.00"/>
	Candidate Name SUSAN M COLLINS	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHRIS MURPHY	Transaction ID: SB23.28818 Date of Disbursement
	Mailing Address P.O. Box 127	<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name CHRISTOPHER S MR. MURPHY	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DONNA CHRISTENSEN CAMPAIGN	Transaction ID: SB23.28831 Date of Disbursement
	Mailing Address PO Box 5197	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City St. Croix State VI Zip Code 00823	Amount of Each Disbursement this Period
	Purpose of Disbursement Luncheon Event on 06/19/2008	<input type="text" value="1000.00"/>
	Candidate Name DONNA M CHRISTENSEN	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>





# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)  
GIFFORDS FOR CONGRESS

Transaction ID: SB23.28824  
Date of Disbursement

Mailing Address PO Box 12886

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

City Tucson State AZ Zip Code 85732

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
GABRIELLE GIFFORDS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AZ District: 08

B.

Full Name (Last, First, Middle Initial)  
GLACIER PAC

Transaction ID: SB23.28812  
Date of Disbursement

Mailing Address 818 Connecticut Ave. NW #1009  
Suite 1009

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	8

City Washington State DC Zip Code 20006

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
MAX BAUCUS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

C.

Full Name (Last, First, Middle Initial)  
HOOSIERS FOR HILL

Transaction ID: SB23.28814  
Date of Disbursement

Mailing Address PO Box 1071

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	8

City Seymour State IN Zip Code 47274

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
BARON P HILL

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

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

8500.00
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>JOHN KERRY FOR SENATE</b>	<b>Transaction ID:</b> SB23.28803 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8	
	Mailing Address 10 G STREET NE SUITE 710		Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20002		
	Purpose of Disbursement Luncheon Event on 05/09/08		
	Candidate Name JOHN FORBES KERRY		Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>JOHN MCCAIN 2008 INC.</b>	<b>Transaction ID:</b> SB23.28800 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8	
	Mailing Address PO BOX 16118		Amount of Each Disbursement this Period 2500.00
	City ARLINGTON State VA Zip Code 22215		
	Purpose of Disbursement Reception on 04/22/08		
	Candidate Name JOHN S. MCCAIN		Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>KLEIN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.28808 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8	
	Mailing Address 301 Yamato Road Suite 2198		Amount of Each Disbursement this Period 2500.00
	City BOCA RATON State FL Zip Code 33433		
	Purpose of Disbursement Contribution		
	Candidate Name RON KLEIN		Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MCNERNEY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.28813 Date of Disbursement 06 / 05 / 2008	
	Mailing Address 6520 Village Parkway Second Floor		
	City Dublin State CA Zip Code 94568	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name JERRY MCNERNEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MCNERNEY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.28825 Date of Disbursement 06 / 25 / 2008	
	Mailing Address 6520 Village Parkway Second Floor		
	City Dublin State CA Zip Code 94568	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name JERRY MCNERNEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MELISSA BEAN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.28817 Date of Disbursement 06 / 05 / 2008	
	Mailing Address POST OFFICE BOX 3068		
	City BARRINGTON State IL Zip Code 60010	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Contribution Candidate Name MELISSA LUBURICH BEAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) MONTANA DEMOCRATIC PARTY	Transaction ID: SB23.28801 Date of Disbursement
	Mailing Address PO Box 802	<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS	Transaction ID: SB23.28790 Date of Disbursement
	Mailing Address 235 Montgomery Street Suite 610	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City San Francisco State CA Zip Code 94104	Amount of Each Disbursement this Period
	Purpose of Disbursement Breakfast Event on 04/22/08	<input type="text" value="5000.00"/>
	Candidate Name NANCY PELOSI	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 08	

C.	Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS	Transaction ID: SB23.28791 Date of Disbursement
	Mailing Address 235 Montgomery Street Suite 610	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City San Francisco State CA Zip Code 94104	Amount of Each Disbursement this Period
	Purpose of Disbursement Breakfast Event on 04/22/08	<input type="text" value="2500.00"/>
	Candidate Name NANCY PELOSI	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 08	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>NATIONAL REPUBLICAN SENATORIAL COMMITTEE</b></p> <p>Mailing Address 425 SECOND STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Breakfast Event on 04/24/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.28792 <b>Date of Disbursement</b> 04 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>PAT ROBERTS FOR SENATE</b></p> <p>Mailing Address PO BOX 433</p> <p>City GREAT BEND State KS Zip Code 67530</p> <p>Purpose of Disbursement Luncheon Event on 04/16/08</p> <p>Candidate Name PAT ROBERTS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.28787 <b>Date of Disbursement</b> 04 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>STABENOW FOR US SENATE</b></p> <p>Mailing Address PO BOX 4945</p> <p>City EAST LANSING State MI Zip Code 48826</p> <p>Purpose of Disbursement Dinner Event on 05/16/08</p> <p>Candidate Name DEBBIE STABENOW</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.28809 <b>Date of Disbursement</b> 05 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.

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

Transaction ID: SB23.28802  
Date of Disbursement

Mailing Address 2021 E Dublin Granville Road  
Suite 2000

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

City State Zip Code  
Columbus OH 43229

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Golf Outing Event on 05/30/08

--

Category/  
Type

Candidate Name  
PATRICK J TIBERI

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

1000.00
---------

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

71500.00
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)  
Friends of Matthew J. Dolan

Mailing Address 100 7th Avenue #12

City Chardon State OH Zip Code 44024

Purpose of Disbursement  
Event on 05/27/08

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.28810

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
Friends of Matthew J. Dolan

Mailing Address 100 7th Avenue #12

City Chardon State OH Zip Code 44024

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.28823

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)  
Friends of Matt Szollosi

Mailing Address 3166 N. Republic Blvd

City Toledo State OH Zip Code 43615

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.28798

Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Jansen Legacy Fund	Transaction ID: SB29.28829 Date of Disbursement
	Mailing Address 8287 Vista Royale Lane	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City Rockford State MI Zip Code 49341	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) People for Pendergrass	Transaction ID: SB29.28811 Date of Disbursement
	Mailing Address P. O. Box 6711	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Columbia State MD Zip Code 21045	Amount of Each Disbursement this Period
	Purpose of Disbursement Event on 06/23/08	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Teresa Fedor for Senate Committee	Transaction ID: SB29.28799 Date of Disbursement
	Mailing Address 2054 Belvedere Drive	<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Toledo State OH Zip Code 43614	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1750.00"/>
<b>TOTAL</b> 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 63 / 63

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)  
The Green Team Majority Fund

Transaction ID: SB29.28828

Date of Disbursement

Mailing Address 4754 Karel Jean Court SW

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

City Wyoming State MI Zip Code 49519

Amount of Each Disbursement this Period

500.00
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Purpose of Disbursement  
Contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

500.00
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TOTAL This Period (last page this line number only) ..... ►

5750.00
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