

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HCR Manor Care PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		17327.88
(b) Cash on Hand at Beginning of Reporting Period.....	27493.93	
(c) Total Receipts (from Line 19)	47636.10	108869.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	75130.03	126197.53
7. Total Disbursements (from Line 31).....	59144.45	110211.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15985.58	15985.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	38235.71	81070.50
(ii) Unitemized	9398.23	27796.26
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	47633.94	108866.76
(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)	47633.94	108866.76
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.).....	2.16	2.89
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 Transfers (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))..... ▶	47636.10	108869.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	47636.10	108869.65

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	144.45	161.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	144.45	161.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	93500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	13000.00	16550.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	59144.45	110211.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59144.45	110211.95

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	47633.94	108866.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47633.94	108866.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	144.45	161.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	144.45	161.95

**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 OF 58
	<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

Full Name (Last, First, Middle Initial) A. Charlean Adams		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35260
Mailing Address 219 Evergreen Ln		Amount of Each Receipt this Period 198.90
City Twin Lakes	State WI	Zip Code 53181
FEC ID number of contributing federal political committee. C	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 ▼ 548.90	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Martin D Allen		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35559
Mailing Address 7151 Whispering Oak		Amount of Each Receipt this Period 961.49
City Sylvania	State OH	Zip Code 43560
FEC ID number of contributing federal political committee. C	Name of Employer HCR ManorCare Inc.	Occupation AVP / Dir Internal Aud & Risk
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.35	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Eugene Amanahu		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35558
Mailing Address 9612 Watts Road		Amount of Each Receipt this Period 71.97
City Owings Mills	State MD	Zip Code 21117
FEC ID number of contributing federal political committee. C	Name of Employer HCR Manor Care, Inc.	Occupation Admin Director of Nursing Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.90	
Bi-Weekly Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	1232.36
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 58
	<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. Jeffrey R Amann
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 Newton Ave. South
 City State Zip Code
 Minneapolis MN 55419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR ManorCare Regional Director of Operation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 317.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35609
 Amount of Each Receipt this Period
 317.30
 Bi-Weekly Payroll Deduction

B. Sandy K Annesser
 Full Name (Last, First, Middle Initial)
 Mailing Address 808 Continental
 City State Zip Code
 Waterville OH 43566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR ManorCare, Inc. CBO Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35557
 Amount of Each Receipt this Period
 137.55
 Bi-Weekly Payroll Deduction

C. Michael Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 N. Remington Rd.
 City State Zip Code
 Bexley OH 43209
 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 ▼
 304.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35556
 Amount of Each Receipt this Period
 126.95
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	581.80
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:	PAGE 8 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Paul J Barber			Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35551
Mailing Address 6240 N. Broadway			Amount of Each Receipt this Period 223.02
City Freeport	State MI	Zip Code 49325	Bi-Weekly Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 223.02	
Name of Employer HCR ManorCare, Inc.	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ms Tammy Barker			Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35550
Mailing Address 4521 Sutton Rd			Amount of Each Receipt this Period 376.95
City Britton	State MI	Zip Code 49229	Bi-Weekly Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 698.01	
Name of Employer HCR Manor Care, LLC.	Occupation AVP - Quality Support Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Joseph Barrick			Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35545
Mailing Address 448 Woodcrest Drive			Amount of Each Receipt this Period 196.77
City Mechanicsburg	State PA	Zip Code 17050	Bi-Weekly Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 362.91	
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - York South		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	796.74
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 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Kimberley K Bassett		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35610
Mailing Address 208 E. Scott		Amount of Each Receipt this Period 263.58
City Tuscola	State IL	Zip Code 61953
FEC ID number of contributing federal political committee. C	Name of Employer HCR ManorCare	Occupation Director of Quality Improvement
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.58	

Full Name (Last, First, Middle Initial) B. Charles Batcher		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35544
Mailing Address 910 Orchard Drive		Amount of Each Receipt this Period 84.00
City Rossford	State OH	Zip Code 43460
FEC ID number of contributing federal political committee. C	Name of Employer HCR Manor Care, Inc.	Occupation Director - Dementia Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) C. Ms Julie Beckert		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35542
Mailing Address 3911 Buell		Amount of Each Receipt this Period 360.00
City Toledo	State OH	Zip Code 43613
FEC ID number of contributing federal political committee. C	Name of Employer HCR Manor Care, Inc.	Occupation Director of Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional).....▶	707.58
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 10 OF 58
(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

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

Mailing Address 2409 Drummond Rd

City Toledo State OH Zip Code 43616

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

Name of Employer HCR ManorCare Occupation Corporate Rehab Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **483.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2012
Transaction ID : SA11AI.35203

Amount of Each Receipt this Period
483.50

Credit Card Contribution

Full Name (Last, First, Middle Initial)
B. Jean Tina Blahofski

Mailing Address 4266 Weston Dr

City Weston Lakes State TX Zip Code 77441

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 ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35538

Amount of Each Receipt this Period
75.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
C. James R Bolton

Mailing Address 2209 Bayward Blvd

City Wilmington State DE Zip Code 19802

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 ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35536

Amount of Each Receipt this Period
120.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **678.50**

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 11 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. David Burke		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35527
Mailing Address 425 Kingwood Rd		Amount of Each Receipt this Period 48.00
City Linthicum Heights	State MD	Zip Code 21090
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 336.48	

Full Name (Last, First, Middle Initial) B. Candace Burks-McCoy		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35526
Mailing Address 601 N. Shore Dr		Amount of Each Receipt this Period 175.00
City Cisco	State TX	Zip Code 76437
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR.ManorCare, Inc.	Occupation Senior Manager Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) C. Charlotte Butts Price Leonard		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35524
Mailing Address 911 Fieldstone Way		Amount of Each Receipt this Period 205.86
City West Palm Beach	State FL	Zip Code 33413
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 379.38	

SUBTOTAL of Receipts This Page (optional).....▶	428.86
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Charlie Byrne		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35523
Mailing Address 4685 Rio Poco Ct		Amount of Each Receipt this Period 138.55
City Naples	State FL	Zip Code 34109
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 415.45	

Full Name (Last, First, Middle Initial) B. Shirley D Cabildo		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35521
Mailing Address 38 Bentley Court		Amount of Each Receipt this Period 145.38
City Bedminster	State NJ	Zip Code 07921
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 325.38	

Full Name (Last, First, Middle Initial) C. Steve Carr		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35519
Mailing Address 123 Melrose Avenue		Amount of Each Receipt this Period 120.00
City Lansdowne	State PA	Zip Code 19050
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc.	Occupation MMD - Eastern Division Region 5	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	403.93
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 58
(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

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

Mailing Address 3077 N. Oakland Forest Dr. #202

City State Zip Code
Oakland Park FL 33309

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

Name of Employer Occupation
HCR ManorCare Inc. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35518

Amount of Each Receipt this Period
120.00

Bi-Weekly Payroll Deduction

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

Mailing Address 1129 West Hunter

City State Zip Code
Nevada MO 64772

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 ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35515

Amount of Each Receipt this Period
100.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Bruce Clement

Mailing Address 2145 Sawgrass Ln

City State Zip Code
Pewaukee MI 53072

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

Name of Employer Occupation
HCR ManorCare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2012
Transaction ID : SA11AI.35197

Amount of Each Receipt this Period
600.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 820.00

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: PAGE 14 OF 58
(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. April Conn
 Full Name (Last, First, Middle Initial)
 Mailing Address Rt. 1 Box 15B
 City Hume State MT Zip Code 64752
 Date of Receipt 06 / 29 / 2012
 Transaction ID : SA11AI.35514
 Amount of Each Receipt this Period 75.00
 Bi-Weekly Payroll Deduction
 Name of Employer HCR ManorCare Occupation Admin Dir Of Nursing Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 FEC ID number of contributing federal political committee. C

B. Johanna Crowder
 Full Name (Last, First, Middle Initial)
 Mailing Address 31524 Delaware
 City Livonia State MI Zip Code 48150
 Date of Receipt 06 / 29 / 2012
 Transaction ID : SA11AI.35510
 Amount of Each Receipt this Period 289.60
 Bi-Weekly Payroll Deduction
 Name of Employer HCR. Manor Care, Inc Occupation Manager of Market Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 566.50
 FEC ID number of contributing federal political committee. C

C. Karen Davidson
 Full Name (Last, First, Middle Initial)
 Mailing Address 612 West Magnolia
 City Pana State IL Zip Code 62557
 Date of Receipt 06 / 29 / 2012
 Transaction ID : SA11AI.35505
 Amount of Each Receipt this Period 414.00
 Bi-Weekly Payroll Deduction
 Name of Employer HCR Manor Care, Inc Occupation DCS - Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 762.00
 FEC ID number of contributing federal political committee. C

SUBTOTAL of Receipts This Page (optional)..... ▶ 778.60
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 15 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Gurprit Dhaliwal		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35503
Mailing Address 31744 Calle Girasol		Amount of Each Receipt this Period 35.00
City Temecula	State CA	Zip Code 92591
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 284.00	

Full Name (Last, First, Middle Initial) B. Ms. Jennifer Dudd		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35501
Mailing Address 5313 Selago Dr		Amount of Each Receipt this Period 165.00
City Keller	State TX	Zip Code 76244
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care, LLC.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. Ms Nancy Edwards		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35500
Mailing Address 9261 Lerwick Dr		Amount of Each Receipt this Period 1346.17
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR.ManorCare, Inc.	Occupation General Manager, Central Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03	

SUBTOTAL of Receipts This Page (optional).....▶	1546.17
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: (check only one)	PAGE 16 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

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

Mailing Address 14400 Michaux View Way

City Midlothian State VA Zip Code 23113

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

Name of Employer HCR Manor Care, LLC. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.35499

Amount of Each Receipt this Period
99.55

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Linda J Emmett

Mailing Address 10408 Meadowlark Ct. East

City Bonney Lake State WA Zip Code 98391

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.35497

Amount of Each Receipt this Period
270.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Lisa Evans

Mailing Address 24013 22nd Ave West

City Bothell State WA Zip Code 98021

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

Name of Employer HCR Manor Care Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.35496

Amount of Each Receipt this Period
150.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **519.55**

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 17 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Waleed Fadayel		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35495
Mailing Address 2226 Candlemakers Lane		Amount of Each Receipt this Period 75.00
City Maineville	State OH	Zip Code 45039
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR ManorCare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. R Michael Ferguson		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35493
Mailing Address 2450 Underhill Rd		Amount of Each Receipt this Period 1152.00
City Toledo	State OH	Zip Code 43615
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR ManorCare Inc.	Occupation VP & Dir of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1382.76	

Full Name (Last, First, Middle Initial) C. Laura L Flannigan		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35490
Mailing Address 1700 Argonne Dr.		Amount of Each Receipt this Period 204.24
City Concord	State CA	Zip Code 94518
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 442.52	

SUBTOTAL of Receipts This Page (optional).....▶	1431.24
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 18 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. George Frill		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35484
Mailing Address 2006 Hale Ct		Amount of Each Receipt this Period 169.88
City Wyomiseing	State PA	Zip Code 19610
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Laureldale	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.64	

Full Name (Last, First, Middle Initial) B. Ms. Sally Gates		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35480
Mailing Address 2011 20th Lane		Amount of Each Receipt this Period 170.00
City Palm Beach Gardens	State FL	Zip Code 33418
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Mr. Gary T. Geise		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35479
Mailing Address 28561 Woodland Ave		Amount of Each Receipt this Period 96.54
City Perrysburg	State OH	Zip Code 43551
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc.	Occupation Director of Reimbursement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 386.16	

SUBTOTAL of Receipts This Page (optional).....▶	436.42
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 19 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. Leonard Grabijas		Date of Receipt
Mailing Address 2682 Ravine Side North		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City State Zip Code Howell MI 48843		Transaction ID : SA11AI.35474
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="346.14"/>
Name of Employer HCR Manor Care, LLC.	Occupation VP Sales & Mktng	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="484.59"/>	

Full Name (Last, First, Middle Initial) B. Ruth G Graziano		Date of Receipt
Mailing Address 503 Elk Mills Road		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City State Zip Code Oxford PA 19363		Transaction ID : SA11AI.35473
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="469.24"/>
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1069.24"/>	

Full Name (Last, First, Middle Initial) C. Ms Gayla M Haley		Date of Receipt
Mailing Address 239 County Rd		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City State Zip Code Tenaha TX 75974		Transaction ID : SA11AI.35468
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="162.68"/>
Name of Employer HCR ManorCare, LLC	Occupation Administrator	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="349.44"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="978.06"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)
A. Monica Harding

Mailing Address 6005 Tree swallow Ct.

City Columbia State MD Zip Code 21044

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

Name of Employer HCR Manor Care Occupation Admin Dir Of Nursing Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **286.13**

Date of Receipt **06 / 29 / 2012**

Transaction ID : SA11AI.35466

Amount of Each Receipt this Period **132.06**

Bi-Weekly Payroll Deduction

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

Mailing Address 8250 SW 8th St

City North Lauderdale State FL Zip Code 33068

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

Name of Employer HCR ManorCare Inc. Occupation Assistant Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.50**

Date of Receipt **06 / 29 / 2012**

Transaction ID : SA11AI.35465

Amount of Each Receipt this Period **203.78**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Katherine A Harrison

Mailing Address 99 Myrtle Avenue

City Nutley State NJ Zip Code 07110

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

Name of Employer HCR Manor Care, Inc. Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 10 / 2012**

Transaction ID : SA11AI.35240

Amount of Each Receipt this Period **250.00**

contribution

SUBTOTAL of Receipts This Page (optional)..... **585.84**

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 21 OF 58
	<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. Mr. Alan Hash
Full Name (Last, First, Middle Initial)

Mailing Address 9496 South Dunbar Circle

City South Jordan State UT Zip Code 84095

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **835.42**

Date of Receipt **06 / 29 / 2012**

Transaction ID : SA11AI.35463

Amount of Each Receipt this Period **600.00**

Bi-Weekly Payroll Deduction

B. Kevin C Henricks
Full Name (Last, First, Middle Initial)

Mailing Address 23636 W. Chicago St. Unit 102

City Plainfield State IL Zip Code 60544

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 ▼ **500.00**

Date of Receipt **06 / 29 / 2012**

Transaction ID : SA11AI.35460

Amount of Each Receipt this Period **200.00**

Bi-Weekly Payroll Deduction

C. Elizabeth B. Hill
Full Name (Last, First, Middle Initial)

Mailing Address 1285 Sunhill Drive

City Lawrenceville State GA Zip Code 30043

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 ▼ **375.05**

Date of Receipt **06 / 29 / 2012**

Transaction ID : SA11AI.35456

Amount of Each Receipt this Period **173.10**

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **973.10**

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 22 OF 58
	<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. Timothy M Hock
Full Name (Last, First, Middle Initial)
Mailing Address 8054 Tillicum Grove North
City Rockford State MI Zip Code 49341
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Inc. Occupation Regional Director of Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 346.14

Date of Receipt 06 / 29 / 2012
Transaction ID : SA11AI.35453
Amount of Each Receipt this Period 346.14
Bi-Weekly Payroll Deduction

B. Jason Hohlfelder
Full Name (Last, First, Middle Initial)
Mailing Address 8103 Alimoore Green
City Dublin State OH Zip Code 43016
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Occupation Regional Director of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2012
Transaction ID : SA11AI.35204
Amount of Each Receipt this Period 250.00
Credit Card Contribution

C. Rebecca Hollingsead
Full Name (Last, First, Middle Initial)
Mailing Address 558 N Hillcrest
City Decatur State IL Zip Code 62522
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care Occupation Director Clinical Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 527.87

Date of Receipt 06 / 29 / 2012
Transaction ID : SA11AI.35448
Amount of Each Receipt this Period 284.21
Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 880.35
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 58
	<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. Sharon E Hollins
Full Name (Last, First, Middle Initial)

Mailing Address 3311 Gallatin Rd

City Toledo State OH Zip Code 43606

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

Name of Employer HCR ManorCare Inc. Occupation Assistant General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 05 / 2012
Transaction ID : SA11AI.35247

Amount of Each Receipt this Period 1500.00

Contribution

B. Sharon R Holmes
Full Name (Last, First, Middle Initial)

Mailing Address 3207 N. 27th St.

City Tacoma State WA Zip Code 98407

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

Name of Employer HCR Manor Care, Inc. Occupation Administrator in Training

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 29 / 2012
Transaction ID : SA11AI.35447

Amount of Each Receipt this Period 120.00

Bi-Weekly Payroll Deduction

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

Mailing Address 15415 Meadow Wood Dr

City Wellington State FL Zip Code 33414

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

Name of Employer HCR ManorCare Inc. Occupation Asst General Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 06 / 29 / 2012
Transaction ID : SA11AI.35444

Amount of Each Receipt this Period 630.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 24 OF 58
	<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. Kathryn Hoops
Full Name (Last, First, Middle Initial)

Mailing Address 24708 McCutchenville Road

City Perrysburg State OH Zip Code 43551

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

Name of Employer HCR.ManorCare, Inc. Occupation VP of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35443

Amount of Each Receipt this Period
840.00

Bi-Weekly Payroll Deduction

B. Ms Kate Gieroczynski Huck
Full Name (Last, First, Middle Initial)

Mailing Address 65 Washington St

City Topton State PA Zip Code 19562

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

Name of Employer HCR ManorCare, LLC Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.17**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35441

Amount of Each Receipt this Period
150.55

Bi-Weekly Payroll Deduction

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

Mailing Address 1733 Ashfield Dr

City Maumee State OH Zip Code 43537

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35440

Amount of Each Receipt this Period
175.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **1165.55**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Kathleen Hutchison			Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35438
Mailing Address 2692 Elton Circle			Amount of Each Receipt this Period 140.00
City Lambertville	State MI	Zip Code 48144	Bi-Weekly Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 260.00	
Name of Employer HCR Manor Care, Inc.	Occupation Director Human Resources Ops Support		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Rebecca S Jablon			Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35437
Mailing Address 3349 Fairbanks Ave			Amount of Each Receipt this Period 84.00
City TOLEDO	State OH	Zip Code 43615	Bi-Weekly Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 336.00	
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) ▼			

Full Name (Last, First, Middle Initial) C. Ms Diane Johnson			Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35433
Mailing Address 206 Ruth Road			Amount of Each Receipt this Period 350.00
City Fleetwood	State PA	Zip Code 19522	Bi-Weekly Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 650.00	
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) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	574.00
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 26 OF 58
	<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. Robert G Julius
Full Name (Last, First, Middle Initial)

Mailing Address 3321 Pelham Rd

City Ottawa Hills State OH Zip Code 43606

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

Name of Employer HCR Manor Care, Inc. Occupation Mgr. Business Office Process Dev.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **469.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35430

Amount of Each Receipt this Period
265.38

Bi-Weekly Payroll Deduction

B. Susan M Kalas
Full Name (Last, First, Middle Initial)

Mailing Address 10921 Cortland Ln

City Huntley State IL Zip Code 60142

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

Name of Employer HCR Manor Care, Inc. Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.09**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35428

Amount of Each Receipt this Period
114.03

Bi-Weekly Payroll Deduction

C. Linda Karling-Lott
Full Name (Last, First, Middle Initial)

Mailing Address 4361 Conrwallis Ct

City Marietta State GA Zip Code 30068

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 ▼ **327.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35426

Amount of Each Receipt this Period
98.25

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	477.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 58
	<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. Mrs. Kathy Karr
Full Name (Last, First, Middle Initial)

Mailing Address 11977 Babbling Brook Rd

City Noblesville State IN Zip Code 46060

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

Name of Employer HCR Manor Care Inc. Occupation Senior Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 06 / 29 / 2012
Transaction ID : SA11AI.35425

Amount of Each Receipt this Period 135.00

Bi-Weekly Payroll Deduction

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

Mailing Address 2208 26th Avenue^ South

City Fargo State ND Zip Code 58103

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 ▼ 275.00

Date of Receipt 06 / 29 / 2012
Transaction ID : SA11AI.35421

Amount of Each Receipt this Period 125.00

Bi-Weekly Payroll Deduction

C. Dan Kight
Full Name (Last, First, Middle Initial)

Mailing Address 2013 Orchard Rd

City Toledo State OH Zip Code 43606

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

Name of Employer HCR ManorCare Inc. Occupation Mgr^ Pharmacy Ops Sprr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 06 / 29 / 2012
Transaction ID : SA11AI.35418

Amount of Each Receipt this Period 240.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 28 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

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

Mailing Address 4254 Waterbend Drive West

City Maumee	State OH	Zip Code 43537
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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 ▼ **342.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.35417

Amount of Each Receipt this Period
192.50

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Mr. Elliot Lekawa

Mailing Address 13690 Highland Springs Ct

City Wichita	State KS	Zip Code 67235
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FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, LLC.	Occupation RDO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **338.48**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.35403

Amount of Each Receipt this Period
84.62

Bi-Weekly Payroll Deduction

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

Mailing Address 2200 12th Court North #810

City Arlington	State VA	Zip Code 22201
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FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare	Occupation Administrator
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.35401

Amount of Each Receipt this Period
100.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	377.12
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. Richard Louwaert		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35396
Mailing Address PO Box 152		Amount of Each Receipt this Period 125.00
City Decatur	State MI	Zip Code 49045
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care, LLC.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) B. Carrie Lund		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35393
Mailing Address 14802 Dunston Place		Amount of Each Receipt this Period 269.22
City Tampa	State FL	Zip Code 33618
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc.	Occupation Sr. Administrator - Palm Harbor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) C. Sephanie M Marcotullio		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35390
Mailing Address 49895 Waterstone Estates Circle		Amount of Each Receipt this Period 26.75
City Northville	State MI	Zip Code 48168
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 214.00	

SUBTOTAL of Receipts This Page (optional).....▶	420.97
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 30 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Joya Marotta
Full Name (Last, First, Middle Initial)

Mailing Address 1037 NW 18th Avenue

City Boca Raton State FL Zip Code 33486

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : SA11AI.35180

Amount of Each Receipt this Period
1000.00

Contribution

B. Laverne M Martin
Full Name (Last, First, Middle Initial)

Mailing Address 8232 Ridge Run Place

City Mechanicsville State PA Zip Code 23116

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

Name of Employer HCR Manor Care, Inc. Occupation Admin Dir Of Nursing Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35388

Amount of Each Receipt this Period
99.70

Bi-Weekly Payroll Deduction

C. Linda Mason
Full Name (Last, First, Middle Initial)

Mailing Address 3126 Diehn Ave

City Davenport State IA Zip Code 52802

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

Name of Employer HCR Manor Care, Inc. Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35385

Amount of Each Receipt this Period
90.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1189.70
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 31 OF 58
(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

Full Name (Last, First, Middle Initial)
A. Nancy Mason

Mailing Address 56 Holden Dr

City Martinsburg State WV Zip Code 25401

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 ▼ **205.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.35384

Amount of Each Receipt this Period
135.00

Bi-Weekly Payroll Deduction

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

Mailing Address 266 Crossing Creek North

City Gahanna State OH Zip Code 43230

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.35381

Amount of Each Receipt this Period
462.00

Bi-Weekly Payroll Deduction

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

Mailing Address 312 N. Franklin St

City Fleetwood State PA Zip Code 19522

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.35380

Amount of Each Receipt this Period
142.14

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **739.14**

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 32 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Patricia McCormick		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35375
Mailing Address 113 Holly Lane		Amount of Each Receipt this Period 216.00
City Perrysburg	State OH	Zip Code 43551
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc	Occupation Legal Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) B. Murry Mercier		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35373
Mailing Address 7110 Oak Bluff Lane		Amount of Each Receipt this Period 769.20
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc.	Occupation VP - Information Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.13	

Full Name (Last, First, Middle Initial) C. Stacy H Mesaros		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35372
Mailing Address 1304 234th Pl		Amount of Each Receipt this Period 59.84
City Des Moines	State WA	Zip Code 98198
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 269.28	

SUBTOTAL of Receipts This Page (optional).....▶	1045.04
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 33 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Debra Miles
Full Name (Last, First, Middle Initial)

Mailing Address 7448 Hickory Valley Drive

City Maumee	State OH	Zip Code 43537
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FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Inc.	Occupation AVP & Director of Accounting
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.35371

Amount of Each Receipt this Period

270.00

Bi-Weekly Payroll Deduction

B. Scott Miller
Full Name (Last, First, Middle Initial)

Mailing Address 198 Old Mill Drive

City Langhorne	State PA	Zip Code 19047
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FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **670.15**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.35369

Amount of Each Receipt this Period

362.05

Bi-Weekly Payroll Deduction

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

Mailing Address 35140 Pembroke Ave

City Livonia	State MI	Zip Code 48152
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FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare	Occupation Administrator
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.35368

Amount of Each Receipt this Period

100.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	732.05
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 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)
A. Mr. Tom Myers

Mailing Address 24927 Prairie Crossing

City Perrysburg State OH Zip Code 43551

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **06 / 29 / 2012**

Transaction ID : SA11AI.35360

Amount of Each Receipt this Period **150.00**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Ms Joylin Nation

Mailing Address 15985 Voyageurs Place

City West Palm Beach State FL Zip Code 33414

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **06 / 29 / 2012**

Transaction ID : SA11AI.35358

Amount of Each Receipt this Period **269.22**

Bi-Weekly Payroll Deduction

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

Mailing Address 28 Roslyn Road

City Grosse Pointe Shor State MI Zip Code 48236

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **884.68**

Date of Receipt **06 / 29 / 2012**

Transaction ID : SA11AI.35357

Amount of Each Receipt this Period **423.16**

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **842.38**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Eric O'Neill		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35349
Mailing Address 4009 East Braeburn Dr		Amount of Each Receipt this Period 309.61
City Appleton	State WI	Zip Code 54913
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR ManorCare	Occupation Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 574.99	

Full Name (Last, First, Middle Initial) B. Ms Leslie Ohm		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35350
Mailing Address 12331 South 71st Avenue		Amount of Each Receipt this Period 420.00
City Palos Heights	State IL	Zip Code 60463
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 780.00	

Full Name (Last, First, Middle Initial) C. Ms. Annette Orlowski		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35346
Mailing Address 2664 Heytman Dr		Amount of Each Receipt this Period 439.38
City Lansing	State IA	Zip Code 52151
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 843.66	

SUBTOTAL of Receipts This Page (optional).....▶	1168.99
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 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. David Parker		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35345
Mailing Address 2154 Tremont Road		Amount of Each Receipt this Period 442.30
City Columbus	State OH	Zip Code 43212
FEC ID number of contributing federal political committee. C	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 ▼ 973.06	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Richard A Parr II		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35344
Mailing Address 2253 Gray Fox Court		Amount of Each Receipt this Period 1344.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Ms Karen Phelps		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35342
Mailing Address Route 4, Box 87P		Amount of Each Receipt this Period 150.00
City Tecumseh	State OK	Zip Code 74873
FEC ID number of contributing federal political committee. C	Name of Employer HCR.ManorCare, Inc.	Occupation Manager Clinical Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Bi-Weekly Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	1936.30
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 37 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Luke T Pile		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35341
Mailing Address 716B Main St		Amount of Each Receipt this Period 195.09
City Bethlehem	State PA	Zip Code 18018
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 362.31	

Full Name (Last, First, Middle Initial) B. Clifton J Porter II		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35340
Mailing Address 3929 Azalea Circle		Amount of Each Receipt this Period 700.00
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 1092.40	

Full Name (Last, First, Middle Initial) C. Douglas M Postlewait		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35633
Mailing Address 656 Wilson Ave SW		Amount of Each Receipt this Period 223.56
City Grand Rapids	State MI	Zip Code 49534
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR ManorCare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.56	

SUBTOTAL of Receipts This Page (optional).....▶	1118.65
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 38 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Cherilyn J Poulsen		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35338
Mailing Address 15704 Cranberry Ln.		Amount of Each Receipt this Period 80.00
City Silver Spring	State MD	Zip Code 20906
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
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 ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Michael J Reed		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35336
Mailing Address 3899 Midshore Drive		Amount of Each Receipt this Period 1346.11
City Naples	State FL	Zip Code 34109
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
Name of Employer HCR Manor Care, Inc.	Occupation VP Assisted Living Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.97	

Full Name (Last, First, Middle Initial) C. Mr. Stewart Reed		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35335
Mailing Address 402 Wesley Dr		Amount of Each Receipt this Period 237.19
City Salisbury	State NC	Zip Code 28146
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
Name of Employer HCR Manor Care, LLC.	Occupation RDO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.33	

SUBTOTAL of Receipts This Page (optional).....▶	1663.30
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 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Margaret A Reitmeyer		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35333
Mailing Address 13 Gregory Drive		Amount of Each Receipt this Period 259.81
City Kenvil	State NJ	Zip Code 07847
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 481.81	

Full Name (Last, First, Middle Initial) B. John Remenar		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35331
Mailing Address 724 Beach St		Amount of Each Receipt this Period 192.25
City Brooklyn	State MI	Zip Code 49230
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care	Occupation VP/Director - Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.11	

Full Name (Last, First, Middle Initial) C. Patricia B Richards		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35329
Mailing Address P.O. Box 754		Amount of Each Receipt this Period 138.40
City Shady Spring	State WV	Zip Code 25918
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc.	Occupation Area Human Resource Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.00	

SUBTOTAL of Receipts This Page (optional).....▶	590.46
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 40 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Cindy A Rogowski		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35325
Mailing Address 6050 Helen		Amount of Each Receipt this Period 120.00
City Garden City	State MI	Zip Code 48135
FEC ID number of contributing federal political committee. C	Name of Employer HCR ManorCare Inc.	Occupation Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) B. David R Roth		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35324
Mailing Address 5257 Bentwood Drive		Amount of Each Receipt this Period 306.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 606.00	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Mr. Rick Rump		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35322
Mailing Address 2423 Heather Glen		Amount of Each Receipt this Period 340.50
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. C	Name of Employer HCR.ManorCare, Inc.	Occupation Director of Corporate Communications
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 618.32	
Bi-Weekly Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	766.50
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 41 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mary Jane Ruppert		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35321
Mailing Address 603 North Blackhoof St.		Amount of Each Receipt this Period 244.80
City Wapakoneta	State OH	Zip Code 45895
FEC ID number of contributing federal political committee. C	Name of Employer HCR ManorCare	Occupation Sr Dir 4H Compliance and Edu
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.64	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Angela G Russo		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35320
Mailing Address 4950 Cypress Pike Circle Unit 101		Amount of Each Receipt this Period 445.72
City Virginia Beach	State VA	Zip Code 23455
FEC ID number of contributing federal political committee. C	Name of Employer HCR Manor Care, Inc.	Occupation Gen Mgr Central Div 4H
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 829.72	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Deborah Schlosser		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35315
Mailing Address 2432 21st Street		Amount of Each Receipt this Period 46.00
City Wyandotte	State MI	Zip Code 48192
FEC ID number of contributing federal political committee. C	Name of Employer HCR ManorCare	Occupation Regional Director of Operation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	
Bi-Weekly Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	736.52
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. Mark Schroepfer		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35314
Mailing Address 2328 Bonnie Brae		Amount of Each Receipt this Period 150.00
City Santa Ana	State CA	Zip Code 92706
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Mr. Edward Schuch		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35313
Mailing Address 304 Adriana Court		Amount of Each Receipt this Period 188.26
City Northhampton	State PA	Zip Code 18067
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 338.26	

Full Name (Last, First, Middle Initial) C. Gregory Seiple		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35310
Mailing Address 21 Southgate Dr		Amount of Each Receipt this Period 210.00
City Lebanon	State PA	Zip Code 17042
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc.	Occupation Senior Consultant Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	548.26
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: (check only one)	PAGE 43 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Leslie Slosser		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35304
Mailing Address 1026 Treadway		Amount of Each Receipt this Period 86.49
City Munster	State IN	Zip Code 46321
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR ManorCare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.47	

Full Name (Last, First, Middle Initial) B. Theresa J Smelser		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35303
Mailing Address 202 N. Elm Hurst Rd.		Amount of Each Receipt this Period 210.00
City Prospect Heights	State IL	Zip Code 60070
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Ms Joyce Louise Smith		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35301
Mailing Address 3521 Cedar Creek Court		Amount of Each Receipt this Period 756.00
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Director Clinical Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1181.00	

SUBTOTAL of Receipts This Page (optional).....▶	1052.49
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 44 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Melissa Sorensen		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35297
Mailing Address 816 Lake Shore Terrace		Amount of Each Receipt this Period 400.00
City Interlachen	State FL	Zip Code 32148
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR ManorCare	Occupation Director Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Patricia J. Stahr		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35294
Mailing Address 807 Johnston Drive		Amount of Each Receipt this Period 10.00
City Bethlehem	State PA	Zip Code 18017
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR ManorCare, Inc.	Occupation DON	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Mr. Alan Stewart		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35293
Mailing Address 571 Dorado Dr		Amount of Each Receipt this Period 120.00
City Fairborn	State OH	Zip Code 45324
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR Manor Care, LLC.	Occupation Employee Relations Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Bi-Weekly Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	530.00
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 45 OF 58
	<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. Jane L Stilwell
Full Name (Last, First, Middle Initial)

Mailing Address 2351 S. Rogers

City Springfield State MO Zip Code 65804

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 29 / 2012**

Transaction ID : SA11AI.35292

Amount of Each Receipt this Period **350.00**

Bi-Weekly Payroll Deduction

B. Sherri L Stoltzfus
Full Name (Last, First, Middle Initial)

Mailing Address 119 East Manor Dr.

City Lititz State PA Zip Code 17543

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 ▼ **252.38**

Date of Receipt **06 / 29 / 2012**

Transaction ID : SA11AI.35289

Amount of Each Receipt this Period **131.24**

Bi-Weekly Payroll Deduction

C. Colette Storck
Full Name (Last, First, Middle Initial)

Mailing Address 28490 Wynikako Ave

City Millsboro State DE Zip Code 19966

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

Name of Employer HCR Manor Care, LLC. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 29 / 2012**

Transaction ID : SA11AI.35288

Amount of Each Receipt this Period **90.00**

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **571.24**

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

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

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

FOR LINE NUMBER: PAGE 46 OF 58
(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

Full Name (Last, First, Middle Initial)
A. Ms Denise Summers

Mailing Address 17262 Boca Club Blvd #2404

City State Zip Code
Boca Raton FL 33487

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

Name of Employer Occupation
HCR ManorCare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35283

Amount of Each Receipt this Period
78.24

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Mr. Eric Talbert

Mailing Address 7231 Stonewater Ct

City State Zip Code
Maumee OH 43537

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35281

Amount of Each Receipt this Period
140.00

Bi-Weekly Payroll Deduction

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

Mailing Address 5023 W. 59th St

City State Zip Code
Davenport IA 52806

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
881.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.35279

Amount of Each Receipt this Period
521.52

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **739.76**

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 47 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms Vicki Tomer		Date of Receipt MM / DD / YYYY 04 / 20 / 2012 Transaction ID : SA11AI.35186
Mailing Address 500 Buckingham Place		Amount of Each Receipt this Period 1200.00
City Shorewood	State IL	Zip Code 60431
FEC ID number of contributing federal political committee. C		Contribution
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Rami Ubaydi		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35273
Mailing Address 6519 Chatham Circle		Amount of Each Receipt this Period 509.69
City Rochester Hills	State MI	Zip Code 48306
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.59	

Full Name (Last, First, Middle Initial) C. Susan Ward		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.35269
Mailing Address 12 Arapaho		Amount of Each Receipt this Period 167.28
City Shawnee	State OK	Zip Code 74801
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
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 ▼ 362.44	

SUBTOTAL of Receipts This Page (optional).....▶	1876.97
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 48 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Benjuiman Young		Date of Receipt
Mailing Address 7822 NE 24th Ct.		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Vancouver	WA	98665
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.35266
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="183.87"/>
Name of Employer	Occupation	Bi-Weekly Payroll Deduction
HCR ManorCare	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.87"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Julie A Yoxtheimer		Date of Receipt
Mailing Address 249 E Pearl St		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Findlay	OH	45840
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.35265
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="162.00"/>
Name of Employer	Occupation	Bi-Weekly Payroll Deduction
HCR ManorCare Inc.	Sr Reimbursement Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="234.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cynthia M Zalewski		Date of Receipt
Mailing Address 3845 Drummond Rd		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Toledo	OH	43613
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.35263
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="357.69"/>
Name of Employer	Occupation	Bi-Weekly Payroll Deduction
HCR ManorCare Inc.	Senior Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="611.55"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="703.56"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 OF 58
(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)
Daniel A Zawadzki

Mailing Address 18910 Mallard Cove

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 Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.35262

Amount of Each Receipt this Period
140.00

Bi-Weekly Payroll Deduction

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	38235.71

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. BERKLEY FOR SENATE

Mailing Address 7437 S EASTERN AVE SUITE 427

City LAS VEGAS State NV Zip Code 89123

Purpose of Disbursement
Contribution for event held Wednesday, June 20, 2012

Candidate Name
SHELLEY BERKLEY

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NV District: 00

Date of Disbursement

/ /

Transaction ID : SB23.35235

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Committee Donation (Joint Fund Raiser)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB23.35238

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR ALTMIRE

Mailing Address P.O. BOX 1776

City FREEDOM State PA Zip Code 15042

Purpose of Disbursement
Contribution Requested 4/20/12

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: PA District: 04

Date of Disbursement

/ /

Transaction ID : SB23.35187

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement
Contribution for event held 5/16/12

011

Candidate Name
ORRIN G HATCH

Category/
Type

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

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : **SB23.35206**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. LATTA FOR CONGRESS

Mailing Address PO BOX 106

City State Zip Code
BOWLING GREEN OH 43402

Purpose of Disbursement
Contribution for event held 6/25/12

011

Candidate Name
ROBERT EDWARD MR LATTA

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : **SB23.35239**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MANCHIN HEINRICH VICTORY FUND

Mailing Address 709A 8TH ST SE

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2012

Transaction ID : **SB23.35237**

Amount of Each Disbursement this Period

10000.00

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

13000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. MARK POCAN FOR CONGRESS

Mailing Address 309 N BALDWIN ST

City MADISON State WI Zip Code 53703

Purpose of Disbursement
Contribution requested 6/5/12

Candidate Name
MARK POCAN

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: WI District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	1	2		

Transaction ID : SB23.35230

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address 175 S. WEST TEMPLE, SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement
Donation (event held 5/16/12)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: District:

Date of Disbursement

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

Transaction ID : SB23.35207

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. STABENOW 2012 VICTORY FUND

Mailing Address PO BOX 4462

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
Donation Requested 4/23/12

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			4	2	3		2	0	1	2		

Transaction ID : SB23.35191

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

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

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

8	5	0	.	0	0
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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

Full Name (Last, First, Middle Initial)

A. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement
Contribution for Event Held 6/2/12

Candidate Name
PATRICK J. TIBERI

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
04 / 20 / 2012

Transaction ID : SB23.35190

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)

B. WILSON FOR SENATE

Mailing Address PO BOX 10248

City ALBUQUERQUE State NM Zip Code 87184

Purpose of Disbursement
Contribution for event held Tuesday June 5, 2012

Candidate Name
HEATHER A WILSON

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 25 / 2012

Transaction ID : SB23.35213

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

5000.00
46000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Chris Smith Campaign

Mailing Address 1740 Northwest 3rd Court

City State Zip Code
Fort Lauderdale FL 33311

Purpose of Disbursement
contribution requested 5/22/12

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	22	/	2012

Transaction ID : SB29.35574

Amount of Each Disbursement this Period

500.00

B. Citizens for Gardner Committee

Mailing Address 431 N. Prospect St.

City State Zip Code
Bowling Green OH 43402

Purpose of Disbursement
Contribution for Event Held 5/18/12

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	09	/	2012

Transaction ID : SB29.35205

Amount of Each Disbursement this Period

1000.00

C. Committee to Elect Chris Widener

Mailing Address 23 South Center Street
Suite 103

City State Zip Code
Springfield OH 45502

Purpose of Disbursement
Contribution Requested for Event Held 4/19/12

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	20	/	2012

Transaction ID : SB29.35185

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

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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

Full Name (Last, First, Middle Initial) A. Committee to Elect Joe Emrick		Date of Disbursement MM / DD / YYYY 05 / 31 / 2012
Mailing Address 2312 Blue Jay Drive		Transaction ID : SB29.35220
City Nazareth	State PA	
Zip Code 18064	Purpose of Disbursement Contribution Requested 5/31/2012	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Bill Adolph Jr.		Date of Disbursement MM / DD / YYYY 04 / 03 / 2012
Mailing Address P.O. Box 303		Transaction ID : SB29.34868
City Springfield	State PA	
Zip Code 19064	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Friends of Dominic Pileggi		Date of Disbursement MM / DD / YYYY 04 / 03 / 2012
Mailing Address 323 West Front Street		Transaction ID : SB29.34869
City Media	State PA	
Zip Code 19063	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Friends of Ken Ulman

Mailing Address 6421 Sundown Trail

City Columbia State MD Zip Code 21044

Purpose of Disbursement
Rifkin Event

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.35215

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ROB MCKENNA

Mailing Address PO BOX 52866

City BELLEVUE State WA Zip Code 98015

Purpose of Disbursement
Contribution Requested 5/18/12

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.35212

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. JAY INSLEE FOR WASHINGTON

Mailing Address P.O. Box 21067

City Seattle State WA Zip Code 98111

Purpose of Disbursement
Contribution Requested 5/18/12

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.35211

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Joe Abruzzo Campaign

Mailing Address 443 Belle Grove Lane

City State Zip Code
Royal Palm Beach FL 33411

Purpose of Disbursement
contribution requested 5/22/12

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.35572

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. Kasich / Taylor for Ohio

Mailing Address PO Box 06590

City State Zip Code
Columbus OH 43206

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.35200

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. Kotik for Representative

Mailing Address 104 Scottsdale Drive

City State Zip Code
Pittsburgh PA 15205

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.34872

Amount of Each Disbursement this Period

Category/
Type

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

A. Ron Saunders Campaign

Mailing Address PO Box 5217

City State Zip Code
Key West FL 33045

Purpose of Disbursement
contribution requested 5/22/12

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.35571

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. Stephen Precourt Campaign

Mailing Address 3403 King George Drive

City State Zip Code
Orlando FL 32835

Purpose of Disbursement
contribution requested 5/22/12

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.35570

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. Wilton Simpson Campaign

Mailing Address Post Office Box 2010

City State Zip Code
Dade City FL 33526

Purpose of Disbursement
contribution requested 5/22/12

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.35573

Amount of Each Disbursement this Period

Category/
Type

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

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