

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HCR MANOR CARE PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="5174.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5174.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="34397.96"/>	<input type="text" value="34397.96"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="39572.90"/>	<input type="text" value="39572.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17706.85"/>	<input type="text" value="17706.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="21866.05"/>	<input type="text" value="21866.05"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period: From: / / 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).....	24172.99	24172.99
(ii) Unitemized	7724.70	7724.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31897.69	31897.69
(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)	31897.69	31897.69
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.....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.27	0.27
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))..... ▶	34397.96	34397.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34397.96	34397.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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	206.85	206.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	206.85	206.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12250.00	12250.00
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	5250.00	5250.00
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)) ..	17706.85	17706.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17706.85	17706.85

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)	31897.69	31897.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31897.69	31897.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	206.85	206.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	206.85	206.85

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

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

FOR LINE NUMBER: PAGE 6 OF 25
(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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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. Martin D Allen

Mailing Address 7151 Whispering Oak

City State Zip Code
Sylvania OH 43560

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
961.49

Date of Receipt
MM / DD / YYYY
03 / 31 / 2016

Transaction ID : SA11AI.39976

Amount of Each Receipt this Period
961.49

Memo Item

Full Name (Last, First, Middle Initial)
B. Ruby G Boice

Mailing Address 10445 Dexter Drive E

City State Zip Code
Jacksonville FL 32218

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

Name of Employer Occupation
HCR Manor Care, Inc. Director Reg. Business Office Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2016

Transaction ID : SA11AI.39971

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Ruby G Boice

Mailing Address 10445 Dexter Drive E

City State Zip Code
Jacksonville FL 32218

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

Name of Employer Occupation
HCR Manor Care, Inc. Director Reg. Business Office Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2016

Transaction ID : SA11AI.39985

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1261.49

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 7 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. David Burke
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 Kingwood Rd
 City Linthicum Heights State MD Zip Code 21090
 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 211.55

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.39992
 Amount of Each Receipt this Period 211.55
 Memo Item

B. Candace Burks-McCoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 N. Shore Dr
 City Cisco State TX Zip Code 76437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR.ManorCare, Inc. Occupation Senior Manager Clinical Services
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.39993
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Charlie Byrne
 Full Name (Last, First, Middle Initial)
 Mailing Address 4685 Rio Poco Ct
 City Naples State FL Zip Code 34109
 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 250.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.39995
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 711.55
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 8 OF 25
	<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. Denise F Curry
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Vilsack Road
 City Allegheny State PA Zip Code 15116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR. Manor Care, Inc Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.40000
 Amount of Each Receipt this Period 320.00
 Memo Item

B. Linda J Emmett
 Full Name (Last, First, Middle Initial)
 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 ▼ 425.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.40007
 Amount of Each Receipt this Period 425.00
 Memo Item

C. R Michael Ferguson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2450 Underhill Rd
 City Toledo State OH Zip Code 43615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation VP & Dir of Purchasing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.40009
 Amount of Each Receipt this Period 375.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1120.00
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 9 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mr. John Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Riva Ridge Rd
 City Toledo State OH Zip Code 43615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR.ManorCare, Inc. Occupation VP Assisted Living
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 17 / 2016
Transaction ID : SA11AI.39954
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Donation

B. Ruth G Graziano
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Elk Mills Road
 City Oxford State PA Zip Code 19363
 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 ▼ 375.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.40018
 Amount of Each Receipt this Period 375.00
 Memo Item

C. 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 ▼ 205.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.40025
 Amount of Each Receipt this Period 205.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5580.00
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 10 OF 25
	<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. Jason Hohlefelder
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 ▼ 1700.00

Date of Receipt 03 / 18 / 2016
Transaction ID : SA11AI.39973

Amount of Each Receipt this Period 1700.00

Memo Item

B. 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 ▼ 396.15

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.40029

Amount of Each Receipt this Period 396.15

Memo Item

C. 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 ▼ 576.90

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.40030

Amount of Each Receipt this Period 576.90

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2673.05

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 12 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mr. David Lanning
Full Name (Last, First, Middle Initial)

Mailing Address 806 Copley Lane

City Silver Spring State MD Zip Code 20904

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.40051

Amount of Each Receipt this Period
 625.00

Memo Item

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

Mailing Address 13690 Highland Springs Ct

City Wichita State KS Zip Code 67235

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

Name of Employer HCR Manor Care, LLC. Occupation RDO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.40055

Amount of Each Receipt this Period
 220.00

Memo Item

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

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 ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.40063

Amount of Each Receipt this Period
 320.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1165.00

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 13 OF 25
	<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. Matthew R Mayo

Mailing Address 33 East Lemen St

City Lancaster State PA Zip Code 17602

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : SA11AI.39975

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 7110 Oak Bluff Lane

City Maumee State OH Zip Code 43537

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

Name of Employer HCR Manor Care, Inc. Occupation VP - Information Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.40066

Amount of Each Receipt this Period
950.00

Memo Item

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

Mailing Address 198 Old Mill Drive

City Langhorne State PA Zip Code 19047

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 ▼
278.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.40068

Amount of Each Receipt this Period
278.75

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1728.75

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 25
(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. Mr. Doug Mock

Mailing Address 1083 Abbieshire Ave

City State Zip Code
Lakewood OH 44107

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

Name of Employer Occupation
HCR Manor Care, Inc. RDO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : SA11AI.39941

Amount of Each Receipt this Period
500.00

Memo Item
Donation

Full Name (Last, First, Middle Initial)
B. Ms Susan Morey

Mailing Address 308 Shelly Drive

City State Zip Code
Sinking Spring PA 19608

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : SA11AI.39948

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 28 Roslyn Road

City State Zip Code
Grosse Pointe Shor MI 48236

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2016
Transaction ID : SA11AI.39942

Amount of Each Receipt this Period
3000.00

Memo Item
Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

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 15 OF 25
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Ms Gillian O Donnell
Full Name (Last, First, Middle Initial)
Mailing Address 1019 Victor Dr
City East Greenville State PA Zip Code 18041
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, LLC. Occupation Admin DON Svcs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 17 / 2016**
Transaction ID : SA11AI.39944
Amount of Each Receipt this Period **500.00**
 Memo Item
Donation

B. Ms Leslie Ohm
Full Name (Last, First, Middle Initial)
Mailing Address 12331 South 71st Avenue
City Palos Heights State IL Zip Code 60463
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 **350.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : SA11AI.40081
Amount of Each Receipt this Period **350.00**
 Memo Item

C. Brian W Perry
Full Name (Last, First, Middle Initial)
Mailing Address 3 Exmoor
City Toledo State OH Zip Code 43615
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Occupation AVP-Government Relations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : SA11AI.40084
Amount of Each Receipt this Period **350.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1200.00**
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 16 OF 25
(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. Mrs. Mary T. Reagan

Mailing Address 925 Main Street

City Bethlehem State PA Zip Code 18018

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : SA11AI.39949

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Mrs. Mary T. Reagan

Mailing Address 925 Main Street

City Bethlehem State PA Zip Code 18018

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
580.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.40088

Amount of Each Receipt this Period
80.00

Memo Item

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

Mailing Address 4647 Calico Court

City Monclova State OH Zip Code 43542

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.40092

Amount of Each Receipt this Period
225.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 805.00

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 17 OF 25
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 5257 Bentwood Drive

City Mason State OH Zip Code 45040

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

Name of Employer HCR ManorCare Inc. Occupation Director Of Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.40094

Amount of Each Receipt this Period 240.00

Memo Item

B. Mr. Rick Rump
Full Name (Last, First, Middle Initial)

Mailing Address 2423 Heather Glen

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.40095

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address 2120 Addison

City Clermont State FL Zip Code 34711

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

Name of Employer HCR Manor Care, Inc. Occupation Director Case Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.40111

Amount of Each Receipt this Period 230.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 770.00

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 18 OF 25
	(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. Mr. Eric Talbert
Full Name (Last, First, Middle Initial)

Mailing Address 7231 Stonewater Ct

City Maumee State OH Zip Code 43537

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.40113

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address 6519 Chatham Circle

City Rochester Hills State MI Zip Code 48306

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.40117

Amount of Each Receipt this Period 435.00

Memo Item

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

Mailing Address 7720 Sagamore Hills Blvd

City Sagamore Hills State OH Zip Code 44067

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 18 / 2016
Transaction ID : SA11AI.39953

Amount of Each Receipt this Period 350.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1085.00

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 19 OF 25
	<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. Benjuiman Young
Full Name (Last, First, Middle Initial)
Mailing Address 7822 NE 24th Ct.
City Vancouver State WA Zip Code 98665
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 207.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.40120
Amount of Each Receipt this Period 207.00
 Memo Item

B. Cynthia M Zalewski
Full Name (Last, First, Middle Initial)
Mailing Address 3845 Drummond Rd
City Toledo State OH Zip Code 43613
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Inc. Occupation Senior Attorney
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 288.45

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.40123
Amount of Each Receipt this Period 288.45
 Memo Item

C. Patricia J Zurick
Full Name (Last, First, Middle Initial)
Mailing Address 807 Johnston Drive
City Bethlehem State PA Zip Code 18017
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Occupation Administrative Director of Nursing Srv
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 18 / 2016
Transaction ID : SA11AI.39951
Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	795.45
TOTAL This Period (last page this line number only).....	24172.99

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

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

FOR LINE NUMBER: PAGE 20 OF 25
(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. NATIONAL REPUBLICAN SENATORIAL COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 SECOND STREET NE
 City WASHINGTON State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C** C00027466
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : SA16.39955
 Amount of Each Receipt this Period
 2500.00
 Memo Item

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
 Memo Item

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
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : SB21B.40132

Amount of Each Disbursement this Period

123.95

Memo Item

Full Name (Last, First, Middle Initial)

B.

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

123.95

123.95

**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. LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

City State Zip Code
BETHESDA MD 20824

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : SB23.39946

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address 175 S. WEST TEMPLE, SUITE 650

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SB23.39957

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PASCHELL FOR CONGRESS

Mailing Address PO BOX 100

City State Zip Code
TEANECK NJ 07666

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 13 / 2016

Transaction ID : SB23.39722

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3750.00

**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 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. SEARCHLIGHT LEADERSHIP FUND

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : SB23.39940

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

Transaction ID : SB23.39947

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2016

Transaction ID : SB23.39958

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

8500.00

12250.00

**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. Committee to Elect Hottinger

Mailing Address 2135 Horns Hill Road

City Newark State OH Zip Code 43055

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.39725

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. FITZPATRICK FOR CONGRESS

Mailing Address 115 N Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.39961

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. New Frontier

Mailing Address PO Box 413

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.39960

Amount of Each Disbursement this Period

Memo Item

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. Ohio House Republican Organizational Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2016

Mailing Address 20 South Front Street
2nd Floor

City Columbus State OH Zip Code 43212

Transaction ID : SB29.39939

Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1250.00

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

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

1250.00

5250.00
