24990980546

04/14/2004 11 : 09

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

HCR Manor Care PAC

ADDRESS (number and street) ▼ 333 North Summit Street

16th Floor

Check if different than previously reported. (ACC)

Toledo | OH | 43604 | 2617

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ STATE ▲ ZIPCODE ▲

C00260141

3. IS THIS REPORT — X NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G)

Election on in the State of

(d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 01 01 2004 through 03 31 2004

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

Type or Print Name of Treasurer Mr. Frank Jannazo

Signature of Treasurer Electronically Filed by Mr. Frank Jannazo Date 04 14 2004

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

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

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: 01 01 2004 To: 03 31 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		49637.45
(b) Cash on Hand at Begining of Reporting Period	49637.45	
(c) Total Receipts (from Line 19)	21117.01	21117.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	70754.46	70754.46
7. Total Disbursements (from Line 31)	18789.00	18789.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	51965.46	51965.46
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	

X 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

24990980548

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From: 01 01 2004 To: 03 31 2004

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)	5171.23	
(ii) Unitemized	15875.21	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	21046.44	21046.44
(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) ▶	21046.44	21046.44
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.)	70.57	70.57
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21117.01	21117.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21117.01	21117.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	11000.00	11000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	7789.00	7789.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18789.00	18789.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	18789.00	18789.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	21046.44	21046.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21046.44	21046.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

24990980551

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 19
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial): Martin Allen
Mailing Address: 7151 Whispering Oak
City: Sylvania State: OH Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care. Inc
Occupation: Assistant Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 24 2004
Transaction ID: SA11A1.9697
Amount of Each Receipt this Period: 300.00
Bi-weekly payroll deduction of $50

B.
Full Name (Last, First, Middle Initial): Mr. R. Jeffery Bixler
Mailing Address: 9 Riverhills Lane
City: Toledo State: OH Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President & General Counsel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 484.60
Date of Receipt: 03 24 2004
Transaction ID: SA11A1.9714
Amount of Each Receipt this Period: 484.60
Bi-weekly payroll deduction of $80.75

C.
Full Name (Last, First, Middle Initial): Lori Bott
Mailing Address: 558 Grass Lake Road
City: Coldwater State: MI Zip Code: 49036
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: 300.00
Date of Receipt: 03 31 2004
Transaction ID: SA11A1.9677
Amount of Each Receipt this Period: 300.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1084.60

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

24990980552

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Christie Butler
Mailing Address P.O. Box 379
City: Avon State: IL Zip Code: 61415
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: 250.00
Date of Receipt: 03 31 2004
Transaction ID: SA11A1.9690
Amount of Each Receipt this Period: 250.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Mr. Steven M. Cavanaugh
Mailing Address 1115 Bedford Woods Drive
City: Toledo State: OH Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Corporate Development
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 03 24 2004
Transaction ID: SA11A1.9741
Amount of Each Receipt this Period: 346.14
Bi-weekly payroll deduction of $57.69

C.
Full Name (Last, First, Middle Initial)
Mr. William Chenewert
Mailing Address 620 Ashbury Drive
City: Perrysburg State: OH Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Operations Support
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 231.30
Date of Receipt: 03 24 2004
Transaction ID: SA11A1.9742
Amount of Each Receipt this Period: 231.30
Bi-weekly payroll deduction of $48.28

SUBTOTAL of Receipts This Page (optional) ..... ▶ 827.44

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Nancy Edwards
Mailing Address 5726 Rolbesay Drive
City: Dublin State: OH Zip Code: 43017
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: General Manager, Central Division
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 24 2004
Transaction ID: SA11A1.9781
Amount of Each Receipt this Period: 300.00
Bi-weekly payroll deduction of $50

B.
Full Name (Last, First, Middle Initial)
Mr. R. Michael Ferguson
Mailing Address 2450 Underhill Road
City: Toledo State: OH Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Purchasing
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 03 24 2004
Transaction ID: SA11A1.9790
Amount of Each Receipt this Period: 230.76
Bi-weekly payroll deduction of $538.46

C.
Full Name (Last, First, Middle Initial)
Ms Roslind Ferrone
Mailing Address 1823 Thistle Court
City: Canton State: MI Zip Code: 48188
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: 269.22
Date of Receipt: 03 31 2004
Transaction ID: SA11A1.9791
Amount of Each Receipt this Period: 269.22
Bi-weekly payroll deduction of $538.46

SUBTOTAL of Receipts This Page (optional) ..... ▶ 799.98

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

24990980554

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 19
(check only one)
[X] 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)
Mr. Jeff Grilo
Mailing Address 20588 Courier Ridge Place
City: Ashburn State: VA Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Mid Atlantic
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 230.76

Date of Receipt: 03 24 2004
Transaction ID: SA11A1.9819
Amount of Each Receipt this Period: 230.76
Bi-weekly payroll deduction of $38.46

B.
Full Name (Last, First, Middle Initial)
Ms J. Susan Harless
Mailing Address 7525 Kings Hollow Court
City: Toledo State: OH Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 288.51

Date of Receipt: 03 24 2004
Transaction ID: SA11A1.9826
Amount of Each Receipt this Period: 288.51
Bi-weekly payroll deduction of $57.69

C.
Full Name (Last, First, Middle Initial)
Rebecca J. Hullinger
Mailing Address 1250 Horseshoe Circle #105
City: Ann Arbor State: MI Zip Code: 48108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Manager Automated Clinical Systems
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 03 24 2004
Transaction ID: SA11A1.9845
Amount of Each Receipt this Period: 240.00
Bi-weekly payroll deduction of $40

SUBTOTAL of Receipts This Page (optional) ..... ▶ 759.27

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

24990980555

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 19
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Deborah Koch
Mailing Address 807B Great Dane Drive
City: Bethel Park State: PA Zip Code: 15102
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: 230.76
Date of Receipt: 03 24 2004
Transaction ID: SA11A1.9864
Amount of Each Receipt this Period: 230.76
Bi-weekly payroll deduction of $38.46

B.
Full Name (Last, First, Middle Initial)
Mrs. Mary McKain-Knepper
Mailing Address R 456 Plane Street
City: Weatherly State: PA Zip Code: 18255
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Clincal Services Manager
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 31 2004
Transaction ID: SA11A1.9691
Amount of Each Receipt this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski
Mailing Address 689 Highway 60
City: Cedarburg State: WI Zip Code: 53012
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director, Clinical Services
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 03 24 2004
Transaction ID: SA11A1.8922
Amount of Each Receipt this Period: 230.76
Bi-weekly payroll deduction of $38.46

SUBTOTAL of Receipts This Page (optional) ..... ▶ 711.52

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 19
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. James Pagcage
Mailing Address 13129 Fox Path Lane
City: West Friendship State: MD Zip Code: 21794
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Rehabilitation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 03 24 2004
Transaction ID: SA11A1.9925
Amount of Each Receipt this Period: 230.76
Bi-weekly payroll deduction of $38.46

B. Full Name (Last, First, Middle Initial)
Mr. Richard Paredes
Mailing Address 4749 Eastbury Estates Drive
City: Davenport State: IA Zip Code: 52807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 03 24 2004
Transaction ID: SA11A1.9928
Amount of Each Receipt this Period: 230.76
Bi-weekly payroll deduction of $38.46

C. Full Name (Last, First, Middle Initial)
Ms Joyce Smith
Mailing Address 8332 Southampton Drive
City: Holland State: OH Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Director Clinical Serv
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 276.90
Date of Receipt: 03 24 2004
Transaction ID: SA11A1.9969
Amount of Each Receipt this Period: 276.90
Bi-weekly payroll deduction of $46.15

SUBTOTAL of Receipts This Page (optional) ..... ▶ 738.42

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

24990980557

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 19
(check only one)
[X] 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)
Ms Vicki Tomer

Mailing Address 500 Buckingham Place

City: Shorewood
State: IL
Zip Code: 60431

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 2004

Transaction ID: SA11A1.9686

Amount of Each Receipt this Period: 250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 250.00

TOTAL This Period (last page this line number only) ..... ▶ 5171.23

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
HEATHER WILSON FOR CONGRESS

Mailing Address P.O. BOX 14070
P.O. BOX 14070

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement
Donation

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: NM District: 01

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.9662
Date of Disbursement 02 / 23 / 2004

Amount of Each Disbursement this Period
2000.00

B.
Full Name (Last, First, Middle Initial)
HEATHER WILSON FOR CONGRESS

Mailing Address P.O. BOX 14070
P.O. BOX 14070

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement
Donation

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: NM District: 01

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.9664
Date of Disbursement 02 / 24 / 2004

Amount of Each Disbursement this Period
3000.00

C.
Full Name (Last, First, Middle Initial)
Keep Our Majority Political Action Committee (KOMPAC)

Mailing Address P O Box 20209

City Alexandria State VA Zip Code 22320

Purpose of Disbursement
Donation

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.9680
Date of Disbursement 02 / 02 / 2004

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **10000.00**

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

24990980559

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
PEOPLE WITH HART INC

Mailing Address P.O. Box 435

City: Wexford
State: PA
Zip Code: 15090

Purpose of Disbursement: Donation

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: PA District: 04

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.9866
Date of Disbursement: 03 / 16 / 2004

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1000.00

TOTAL This Period (last page this line number only) ..... ▶ 11000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial): Citizens for Stivers
Mailing Address: 2500 Sherwin Road
City: Columbus State: OH Zip Code: 43221
Purpose of Disbursement: Donation - Check # 5245
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.9668
Date of Disbursement: 03/16/2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Committee to Elect Calvert
Mailing Address: 5461 Carriage Lane
City: Medina State: OH Zip Code: 44256
Purpose of Disbursement: Donation - Check # 5239
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.9681
Date of Disbursement: 02/04/2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): House Democratic Campaign Committee
Mailing Address: P.O. Box 555
City: Harrisburg State: PA Zip Code: 17108
Purpose of Disbursement: Donation - Check # 5247
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.9673
Date of Disbursement: 03/29/2004
Amount of Each Disbursement this Period: 1500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 3500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial): Jacobson for State Senator
Mailing Address: 211 South Main Street, Suite 610
City: Dayton State: OH Zip Code: 45402
Purpose of Disbursement: Donation - Check # 5243
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.9665
Date of Disbursement: 02/27/2004
Amount of Each Disbursement this Period: 1500.00

B.
Full Name (Last, First, Middle Initial): Jim Rowe for Supreme Court
Mailing Address: 206 Capitol Street, Suite 300
City: Charleston State: WV Zip Code: 25301
Purpose of Disbursement: Donation - Check # 5246
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.9670
Date of Disbursement: 03/26/2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Lanzinger for Justice Committee
Mailing Address: 10 West Broad Street, Suite 900
City: Columbus State: OH Zip Code: 43215
Purpose of Disbursement: Donation - Check # 5237
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.9658
Date of Disbursement: 01/15/2004
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2750.00**

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)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial): Michael for House
Mailing Address: P. O. Box 220
City: Old Fields | State: WV | Zip Code: 26845
Purpose of Disbursement: Donation - Check # 5234
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.9651
Date of Disbursement: 01 / 09 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Ohioans for Justice O'Donnell
Mailing Address: 10 West Broad Street, Suite 900
City: Columbus | State: OH | Zip Code: 43215
Purpose of Disbursement: Donation - Check # 5236
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.9656
Date of Disbursement: 01 / 15 / 2004
Amount of Each Disbursement this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Re-elect Chief Justice Thomas J. Moyer
Mailing Address: 52 East Gay Street
City: Columbus | State: OH | Zip Code: 43215
Purpose of Disbursement: Donation - Check # 5235
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.9654
Date of Disbursement: 01 / 15 / 2004
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1500.00**

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)
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

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

Mailing Address P.O. Box 5065

City: Cleveland | State: OH | Zip Code: 44101-0065

Purpose of Disbursement: Monthly Service Fee

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB29.9646
Date of Disbursement: 01/15/2004

Amount of Each Disbursement this Period: 12.00

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

Mailing Address P.O. Box 5065

City: Cleveland | State: OH | Zip Code: 44101-0065

Purpose of Disbursement: Monthly Service Fee

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB29.9647
Date of Disbursement: 02/17/2004

Amount of Each Disbursement this Period: 12.00

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

Mailing Address P.O. Box 5065

City: Cleveland | State: OH | Zip Code: 44101-0065

Purpose of Disbursement: 2003 Income Tax Deposit - Check # 5240

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB29.9648
Date of Disbursement: 02/18/2004

Amount of Each Disbursement this Period: 3.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **27.00**

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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
Monthly Service Fee

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB29.9649

Date of Disbursement
03 / 15 / 2004

Amount of Each Disbursement this Period
12.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 12.00

TOTAL This Period (last page this line number only) ..... ▶ 7789.00