

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		122561.74
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	147178.77									
(c) Total Receipts (from Line 19)	34852.72	81366.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	182031.49	203928.25								
7. Total Disbursements (from Line 31)	63698.57	85595.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	118332.92	118332.92								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22535.43	38230.85
(i) Itemized (use Schedule A)	12054.75	42673.96
(ii) Unitemized	34590.18	80904.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	34590.18	80904.81
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.)	262.54	461.70
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))	34852.72	81366.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34852.72	81366.51

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	198.57	345.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	198.57	345.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42500.00	53500.00
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.....	21000.00	31750.00
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))..	63698.57	85595.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	63698.57	85595.33

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	34590.18	80904.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34590.18	80904.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	198.57	345.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	198.57	345.33

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Anthony J Abela

Mailing Address 3622 Deerfield Ct

City State Zip Code
Grass Lake MI 49240

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.24001

Amount of Each Receipt this Period
35.00

P/R withholding

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

Mailing Address 36832 Meadow Creek Ct

City State Zip Code
Magnolia TX 77355

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

Name of Employer Occupation
HCR ManorCare Inc. Sr Administrator

Receipt For: 2006 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.24065

Amount of Each Receipt this Period
20.00

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

Mailing Address 36832 Meadow Creek Ct

City State Zip Code
Magnolia TX 77355

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

Name of Employer Occupation
HCR ManorCare Inc. Sr Administrator

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.24066

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Jocelyn Barnes		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 428 169th Court NE		Transaction ID: SA11A1.24098
City Bradenton	State FL	Zip Code 34212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.30
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 331.10	

Full Name (Last, First, Middle Initial) B. Jocelyn Barnes		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 428 169th Court NE		Transaction ID: SA11A1.24099
City Bradenton	State FL	Zip Code 34212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.30
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.40	

Full Name (Last, First, Middle Initial) C. Charles Batcher		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 910 Orchard Drive		Transaction ID: SA11A1.24107
City Rossford	State OH	Zip Code 43460
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer HCR Manor Care, Inc.	Occupation Director - Dementia Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	144.60
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 104
	<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. Charles Batcher		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2006
Mailing Address 910 Orchard Drive		Transaction ID: SA11A1.24108
City State Zip Code Rossford OH 43460	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manor Care, Inc.	Occupation Director - Dementia Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Charles Batcher		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006
Mailing Address 910 Orchard Drive		Transaction ID: SA11A1.24109
City State Zip Code Rossford OH 43460	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manor Care, Inc.	Occupation Director - Dementia Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Charles Batcher		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006
Mailing Address 910 Orchard Drive		Transaction ID: SA11A1.24110
City State Zip Code Rossford OH 43460	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manor Care, Inc.	Occupation Director - Dementia Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 104
	<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. Charles Batcher		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 910 Orchard Drive		Transaction ID: SA11A1.24111
City State Zip Code Rossford OH 43460	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manor Care, Inc.	Occupation Director - Dementia Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Charles Batcher		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 910 Orchard Drive		Transaction ID: SA11A1.24112
City State Zip Code Rossford OH 43460	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manor Care, Inc.	Occupation Director - Dementia Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Karen F Bell		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 1220 North St.		Transaction ID: SA11A1.24137
City State Zip Code Bowling Green OH 43402	Amount of Each Receipt this Period 38.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation AVP^ Dir Clinical Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

SUBTOTAL of Receipts This Page (optional) ▶	138.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 104
	<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. R. Jeffery Bixler		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 9 Riverhills Lane		Transaction ID: SA11A1.23963
City State Zip Code Toledo OH 43623	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		Contribution - Check # 11-529
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Mr. Richard Borofski		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 113 Kathy Ann Lane		Transaction ID: SA11A1.24168
City State Zip Code McMurray PA 15317	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

Full Name (Last, First, Middle Initial) C. Mr. Richard Borofski		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 113 Kathy Ann Lane		Transaction ID: SA11A1.24169
City State Zip Code McMurray PA 15317	Amount of Each Receipt this Period 0.04	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.26	

SUBTOTAL of Receipts This Page (optional) ▶	3038.50
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 / 104
	(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. Mr. Richard Borofski		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 113 Kathy Ann Lane		Transaction ID: SA11A1.23981	
City State Zip Code McMurray PA 15317	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution - Check # 252	
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 ▼ 1269.26		

Full Name (Last, First, Middle Initial) B. Kim Elaine Byk		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 2202 Liberty St. South		Transaction ID: SA11A1.24205	
City State Zip Code Canton MI 48188	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation AVP Clinical Support Systems		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. Charlie F Byrne		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 4685 Rio Poco Court		Transaction ID: SA11A1.24209	
City State Zip Code Naples FL 33109	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	1055.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 104
	(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. Charlie F Byrne		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 4685 Rio POCO Court		Transaction ID: SA11A1.24210
City State Zip Code Naples FL 33109	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Charlie F Byrne		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 4685 Rio POCO Court		Transaction ID: SA11A1.24211
City State Zip Code Naples FL 33109	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Charlie F Byrne		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 4685 Rio POCO Court		Transaction ID: SA11A1.24212
City State Zip Code Naples FL 33109	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 104						
	(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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Vickie Canter		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 17514 Lethridge Circle		Transaction ID: SA11A1.24236	
City State Zip Code Round Hill VA 20141	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Admin Dir Of Nursing Serv		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Vickie Canter		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6	
Mailing Address 17514 Lethridge Circle		Transaction ID: SA11A1.24237	
City State Zip Code Round Hill VA 20141	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Admin Dir Of Nursing Serv		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. Vickie Canter		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address 17514 Lethridge Circle		Transaction ID: SA11A1.24238	
City State Zip Code Round Hill VA 20141	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Admin Dir Of Nursing Serv		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 104
	<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. Steven M Cavanaugh		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 9036 Sand Ridge Drive		Transaction ID: SA11A1.24253
City State Zip Code Holland OH 43528	Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Corporate Development	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) B. Steven M Cavanaugh		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 9036 Sand Ridge Drive		Transaction ID: SA11A1.24254
City State Zip Code Holland OH 43528	Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Corporate Development	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

Full Name (Last, First, Middle Initial) C. Steven M Cavanaugh		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 9036 Sand Ridge Drive		Transaction ID: SA11A1.24255
City State Zip Code Holland OH 43528	Amount of Each Receipt this Period 0.06	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Corporate Development	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.58	

SUBTOTAL of Receipts This Page (optional) ▶	115.44
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	FOR LINE NUMBER: (check only one)	PAGE 15 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. William Chenevert		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2006
Mailing Address 620 Ashbury Drive		Transaction ID: SA11A1.24263
City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Operations Support	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) B. Stephen Coetzee		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2006
Mailing Address PO Box 85		Transaction ID: SA11A1.24292
City State Zip Code Neport PA 17074	Amount of Each Receipt this Period 19.23	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR. Manor Care	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

Full Name (Last, First, Middle Initial) C. Stephen Coetzee		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006
Mailing Address PO Box 85		Transaction ID: SA11A1.24293
City State Zip Code Neport PA 17074	Amount of Each Receipt this Period 0.02	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR. Manor Care	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.55	

SUBTOTAL of Receipts This Page (optional) ▶	69.25
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 104
	<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. Shawn P Corley		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2006	
Mailing Address 1851 Creekview Dr.		Transaction ID: SA11A1.24301	
City State Zip Code Marysville OH 43040		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Douglas S Crail		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006	
Mailing Address 5704 Ashbrook Drive		Transaction ID: SA11A1.24312	
City State Zip Code Toledo OH 43614		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Dir. Quality Mgmt	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Douglas S Crail		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006	
Mailing Address 5704 Ashbrook Drive		Transaction ID: SA11A1.24313	
City State Zip Code Toledo OH 43614		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Dir. Quality Mgmt	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	90.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 104
	<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. Douglas S Crail		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 5704 Ashbrook Drive		Transaction ID: SA11A1.24314	
City State Zip Code Toledo OH 43614		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Dir. Quality Mgmt	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Douglas S Crail		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 5704 Ashbrook Drive		Transaction ID: SA11A1.24315	
City State Zip Code Toledo OH 43614		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Dir. Quality Mgmt	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Ms. Cecilia Credille		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6	
Mailing Address 534 Hevern Drive		Transaction ID: SA11A1.23998	
City State Zip Code Wheaton IL 60187		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
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 ▼ 675.00	

Contribution - Check # 31-46

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 104
	<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. Victoria A Crenshaw		Date of Receipt MM / DD / YYYY 05 / 03 / 2006
Mailing Address 736 Virginia Dare Dr		Transaction ID: SA11A1.24327
City Virginia Beach	State VA	Zip Code 23451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Victoria A Crenshaw		Date of Receipt MM / DD / YYYY 05 / 17 / 2006
Mailing Address 736 Virginia Dare Dr		Transaction ID: SA11A1.24328
City Virginia Beach	State VA	Zip Code 23451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Victoria A Crenshaw		Date of Receipt MM / DD / YYYY 05 / 31 / 2006
Mailing Address 736 Virginia Dare Dr		Transaction ID: SA11A1.24329
City Virginia Beach	State VA	Zip Code 23451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 104
	<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. Victoria A Crenshaw		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 736 Virginia Dare Dr		Transaction ID: SA11A1.24330
City State Zip Code Virginia Beach VA 23451	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Jamie S D'Angelo		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 26 Oakland Ave		Transaction ID: SA11A1.24349
City State Zip Code Wheeling WV 26003	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Jamie S D'Angelo		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 26 Oakland Ave		Transaction ID: SA11A1.24350
City State Zip Code Wheeling WV 26003	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	65.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 104
	(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. Linda J Dailey		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 126 Cornerstone Dr.		Transaction ID: SA11A1.24340	
City Marietta	State OH	Zip Code 45750	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Linda J Dailey		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6	
Mailing Address 126 Cornerstone Dr.		Transaction ID: SA11A1.24341	
City Marietta	State OH	Zip Code 45750	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. Linda J Dailey		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address 126 Cornerstone Dr.		Transaction ID: SA11A1.24342	
City Marietta	State OH	Zip Code 45750	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Frank D Demarinis		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 101 Suburban Drive		Transaction ID: SA11A1.23980
City State Zip Code Elkton MD 21921	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Contribution by Credit Card	
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 ▼ 257.72	

B. Full Name (Last, First, Middle Initial) Frank D Demarinis		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 101 Suburban Drive		Transaction ID: SA11A1.24004
City State Zip Code Elkton MD 21921	Amount of Each Receipt this Period 57.72	
FEC ID number of contributing federal political committee. C	Bi weekly P/R W/H of \$9.62	
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 ▼ 315.44	

C. Full Name (Last, First, Middle Initial) Iva DeWitt-Hoblit		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 3270 N Piqua Troy Rd		Transaction ID: SA11A1.24393
City State Zip Code Troy OH 45373	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) ▶	277.72
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 104						
	(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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Iva DeWitt-Hoblit		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006	
Mailing Address 3270 N Piqua Troy Rd		Transaction ID: SA11A1.24394	
City State Zip Code Troy OH 45373		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Janet E Diehl		Date of Receipt M M / D D / Y Y Y Y 05 / 25 / 2006	
Mailing Address 3903 BARBARA ANN DRIVE		Transaction ID: SA11A1.24403	
City State Zip Code MONROEVILLE PA 15146		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Regional Dir of Ops	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Janet E Diehl		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006	
Mailing Address 3903 BARBARA ANN DRIVE		Transaction ID: SA11A1.24404	
City State Zip Code MONROEVILLE PA 15146		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Regional Dir of Ops	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) ▶	40.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 104
	(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. Janet E Diehl		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2006
Mailing Address 3903 BARBARA ANN DRIVE		Transaction ID: SA11A1.24405
City State Zip Code MONROEVILLE PA 15146	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Dir of Ops	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Janet E Diehl		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006
Mailing Address 3903 BARBARA ANN DRIVE		Transaction ID: SA11A1.24406
City State Zip Code MONROEVILLE PA 15146	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Dir of Ops	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Janet E Diehl		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2006
Mailing Address 3903 BARBARA ANN DRIVE		Transaction ID: SA11A1.24407
City State Zip Code MONROEVILLE PA 15146	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Dir of Ops	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	30.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 104
	<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. Timothy C Dietzen		Date of Receipt MM / DD / YYYY 04 / 03 / 2006
Mailing Address 3615 Sunnyview Rd		Transaction ID: SA11A1.25495
City Appleton	State WI	Zip Code 54914
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Timothy C Dietzen		Date of Receipt MM / DD / YYYY 04 / 12 / 2006
Mailing Address 3615 Sunnyview Rd		Transaction ID: SA11A1.24409
City Appleton	State WI	Zip Code 54914
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Mr. Larry Doenitz		Date of Receipt MM / DD / YYYY 05 / 26 / 2006
Mailing Address 3162 Crystal Court		Transaction ID: SA11A1.23984
City Lambertville	State MI	Zip Code 48144
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer HCR Manor Care, Inc.	Occupation Director of Ops Support	Contribution - Check # 59-22
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	560.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. R Michael Ferguson		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 2450 Underhill Rd		Transaction ID: SA11A1.24476
City Toledo State OH Zip Code 43615		Amount of Each Receipt this Period 57.69
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP & Dir of Purchasing	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) B. Ms Roslind Ferrone		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 1623 Tristle Court		Transaction ID: SA11A1.24007
City Canton State MI Zip Code 48188		Amount of Each Receipt this Period 140.00
FEC ID number of contributing federal political committee. C		Bi weekly P/R W/H of \$20
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	

Full Name (Last, First, Middle Initial) C. Annette L Foght		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 201 W. Hull Dr.		Transaction ID: SA11A1.24478
City Delaware State OH Zip Code 43015		Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	227.69
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Sally A Gates		Date of Receipt MM / DD / YYYY 04 / 05 / 2006
Mailing Address 2011 20Th Ln		Transaction ID: SA11A1.24502
City Palm Beach Gardens	State FL	Zip Code 33418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Lynda Gluch		Date of Receipt MM / DD / YYYY 04 / 11 / 2006
Mailing Address 8740 Paulina		Transaction ID: SA11A1.23966
City Grosse Ile	State MI	Zip Code 48138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HCR.ManorCare, Inc.	Occupation Director Dietary Services	Contribution by Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Larry Robert Godla		Date of Receipt MM / DD / YYYY 04 / 05 / 2006
Mailing Address 1556 Mary Ellen Court		Transaction ID: SA11A1.24503
City Mclean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.69
Name of Employer HCR ManorCare Inc.	Occupation VP Develop/Construction	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

SUBTOTAL of Receipts This Page (optional)	▶	602.69
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Larry Robert Godla		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 1556 Mary Ellen Court		Transaction ID: SA11A1.24504
City State Zip Code Mclean VA 22101	Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Develop/Construction	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

Full Name (Last, First, Middle Initial) B. Larry Robert Godla		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1556 Mary Ellen Court		Transaction ID: SA11A1.24505
City State Zip Code Mclean VA 22101	Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Develop/Construction	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.21	

Full Name (Last, First, Middle Initial) C. Larry Robert Godla		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 1556 Mary Ellen Court		Transaction ID: SA11A1.24506
City State Zip Code Mclean VA 22101	Amount of Each Receipt this Period 57.69	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Develop/Construction	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 104
	(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. Larry Robert Godla		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 1556 Mary Ellen Court		Transaction ID: SA11A1.24507	
City State Zip Code Mclean VA 22101	Amount of Each Receipt this Period 57.69		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation VP Develop/Construction		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 634.59		

Full Name (Last, First, Middle Initial) B. Larry Robert Godla		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 1556 Mary Ellen Court		Transaction ID: SA11A1.24508	
City State Zip Code Mclean VA 22101	Amount of Each Receipt this Period 57.69		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation VP Develop/Construction		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.28		

Full Name (Last, First, Middle Initial) C. Judie Gove		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 337 E. County Line Road		Transaction ID: SA11A1.24517	
City State Zip Code Geenwood IN 46143	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	145.38
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Bradley J Granger		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 246 Dogwood Dr.		Transaction ID: SA11A1.24518
City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Bradley J Granger		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 246 Dogwood Dr.		Transaction ID: SA11A1.24519
City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Bradley J Granger		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 246 Dogwood Dr.		Transaction ID: SA11A1.24520
City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Bradley J Granger		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006
Mailing Address 246 Dogwood Dr.		Transaction ID: SA11A1.24521
City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Bradley J Granger		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2006
Mailing Address 246 Dogwood Dr.		Transaction ID: SA11A1.24522
City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Pamela Grant		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2006
Mailing Address 403 Hartless Rd		Transaction ID: SA11A1.24526
City State Zip Code Amherst VA 24521	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 31 / 104
	(check only one)	
	<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. Pamela Grant		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 403 Hartless Rd		Transaction ID: SA11A1.24527	
City State Zip Code Amherst VA 24521	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) B. Pamela Grant		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 403 Hartless Rd		Transaction ID: SA11A1.24528	
City State Zip Code Amherst VA 24521	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) C. Pamela Grant		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address 403 Hartless Rd		Transaction ID: SA11A1.24529	
City State Zip Code Amherst VA 24521	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 104
	<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. Pamela Grant		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 403 Hartless Rd		Transaction ID: SA11A1.24530	
City Amherst	State VA	Zip Code 24521	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) B. Pamela Grant		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 403 Hartless Rd		Transaction ID: SA11A1.24531	
City Amherst	State VA	Zip Code 24521	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) C. Ruth G Graziano		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 3370 Singerly Rd		Transaction ID: SA11A1.24540	
City Elkton	State MD	Zip Code 21921-2639	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Jeffrey Grillo		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 20566 Courier Ridge Place		Transaction ID: SA11A1.24554
City State Zip Code Ashburn VA 20147	Amount of Each Receipt this Period 76.92	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

Full Name (Last, First, Middle Initial) B. Jeffrey Grillo		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 20566 Courier Ridge Place		Transaction ID: SA11A1.24555
City State Zip Code Ashburn VA 20147	Amount of Each Receipt this Period 76.92	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.36	

Full Name (Last, First, Middle Initial) C. Jeffrey Grillo		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 20566 Courier Ridge Place		Transaction ID: SA11A1.24556
City State Zip Code Ashburn VA 20147	Amount of Each Receipt this Period 76.92	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.28	

SUBTOTAL of Receipts This Page (optional) ▶	230.76
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 34 / 104
	(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. Jeffrey Grillo		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006	
Mailing Address 20566 Courier Ridge Place		Transaction ID: SA11A1.24557	
City State Zip Code Ashburn VA 20147	Amount of Each Receipt this Period 0.08		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation VP^ Operations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.36		

Full Name (Last, First, Middle Initial) B. Tara L Guggenbiller		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2006	
Mailing Address 5818 Genoa Farms Blvd.		Transaction ID: SA11A1.24569	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Tara L Guggenbiller		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006	
Mailing Address 5818 Genoa Farms Blvd.		Transaction ID: SA11A1.24570	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional) ▶	40.08
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Stephen L Guillard		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 217 Garden St.		Transaction ID: SA11A1.24572
City State Zip Code Needham MA 02492	Amount of Each Receipt this Period 153.85	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Executive Vice President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1076.95	

Full Name (Last, First, Middle Initial) B. Stephen L Guillard		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 217 Garden St.		Transaction ID: SA11A1.24573
City State Zip Code Needham MA 02492	Amount of Each Receipt this Period 153.85	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Executive Vice President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.80	

Full Name (Last, First, Middle Initial) C. Stephen L Guillard		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 217 Garden St.		Transaction ID: SA11A1.24574
City State Zip Code Needham MA 02492	Amount of Each Receipt this Period 153.85	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Executive Vice President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1384.65	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Stephen L Guillard		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 217 Garden St.		Transaction ID: SA11A1.24575
City Needham	State MA	Zip Code 02492
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.85
Name of Employer HCR ManorCare Inc.	Occupation Executive Vice President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.50	

Full Name (Last, First, Middle Initial) B. Stephen L Guillard		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 217 Garden St.		Transaction ID: SA11A1.24576
City Needham	State MA	Zip Code 02492
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.85
Name of Employer HCR ManorCare Inc.	Occupation Executive Vice President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1692.35	

Full Name (Last, First, Middle Initial) C. Stephen L Guillard		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 217 Garden St.		Transaction ID: SA11A1.24577
City Needham	State MA	Zip Code 02492
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.85
Name of Employer HCR ManorCare Inc.	Occupation Executive Vice President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1846.20	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

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

Mailing Address 28746 Little Big Horn Drive

City State Zip Code
Evergreen CO 80439

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

Name of Employer Occupation
HCR Manor Care, Inc. DMD - Marketing Mid States Division

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.24579

Amount of Each Receipt this Period
36.00

B. Full Name (Last, First, Middle Initial)
Mr. Alan Hash

Mailing Address 9496South Dunbar Circle

City State Zip Code
South Jordan UT 84095

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

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

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.24592

Amount of Each Receipt this Period
38.46

C. Full Name (Last, First, Middle Initial)
Mr. Alan Hash

Mailing Address 9496South Dunbar Circle

City State Zip Code
South Jordan UT 84095

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

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

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.26

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.24593

Amount of Each Receipt this Period
0.04

SUBTOTAL of Receipts This Page (optional)	▶	74.50
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 38 / 104
	(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. Kevin C Henricks		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2006
Mailing Address 23 Chicago St. Apt.G		Transaction ID: SA11A1.24596
City State Zip Code Plainfield IL 60544	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Maureen Hines		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2006
Mailing Address 640 Weatherstone Rd		Transaction ID: SA11A1.24620
City State Zip Code Holland OH 43528	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Dir Nursing Leadership Develop	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Maureen Hines		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006
Mailing Address 640 Weatherstone Rd		Transaction ID: SA11A1.24621
City State Zip Code Holland OH 43528	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Dir Nursing Leadership Develop	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	80.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 104
	<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. Lynn M Hood		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 15415 Meadow Wood Dr		Transaction ID: SA11A1.24639	
City State Zip Code Wellington FL 33414	Amount of Each Receipt this Period 38.46		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Asst General Mgr		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22		

Full Name (Last, First, Middle Initial) B. Lynn M Hood		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 15415 Meadow Wood Dr		Transaction ID: SA11A1.24640	
City State Zip Code Wellington FL 33414	Amount of Each Receipt this Period 0.04		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Asst General Mgr		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.26		

Full Name (Last, First, Middle Initial) C. Kathryn Hoops		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 24708 McCutchenville Road		Transaction ID: SA11A1.24641	
City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 63.46		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.	Occupation VP of Tax		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.22		

SUBTOTAL of Receipts This Page (optional) ▶	101.96
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 40 / 104
	(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. Kathryn Hoops		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 24708 McCutchenville Road		Transaction ID: SA11A1.24642
City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 63.46	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation VP of Tax	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.68	

Full Name (Last, First, Middle Initial) B. Kathryn Hoops		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 24708 McCutchenville Road		Transaction ID: SA11A1.24643
City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 63.46	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation VP of Tax	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 571.14	

Full Name (Last, First, Middle Initial) C. Kathryn Hoops		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 24708 McCutchenville Road		Transaction ID: SA11A1.24644
City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 0.04	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation VP of Tax	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 571.18	

SUBTOTAL of Receipts This Page (optional) ▶	126.96
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Jeffrey R House		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 11699 Bennington Rd		Transaction ID: SA11A1.24658	
City Durand	State MI	Zip Code 48429	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation General Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) B. Jeffrey R House		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 11699 Bennington Rd		Transaction ID: SA11A1.24659	
City Durand	State MI	Zip Code 48429	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation General Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Jeffrey R House		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6	
Mailing Address 11699 Bennington Rd		Transaction ID: SA11A1.24660	
City Durand	State MI	Zip Code 48429	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation General Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

SUBTOTAL of Receipts This Page (optional) ▶	30.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Jeffrey R House		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address 11699 Bennington Rd		Transaction ID: SA11A1.24661	
City Durand	State MI	Zip Code 48429	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation General Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. Jeffrey R House		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2006	
Mailing Address 11699 Bennington Rd		Transaction ID: SA11A1.24662	
City Durand	State MI	Zip Code 48429	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation General Manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Rebecca J Hullinger		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2006	
Mailing Address 1250 Horseshoe Cir #105		Transaction ID: SA11A1.24680	
City Ann Arbor	State MI	Zip Code 48108	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Clinical Prog Implem Consult		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

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

Mailing Address 79 Bradford Place

City State Zip Code
Crete IL 60417

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

Name of Employer Occupation
HCR ManorCare Inc. Sr Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2006

Transaction ID: SA11A1.24017

Amount of Each Receipt this Period
70.00

P/R withholding

B. Full Name (Last, First, Middle Initial)
Ms Diane Johnson

Mailing Address 347 Lenape Trail

City State Zip Code
Allentown PA 18104

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

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

Receipt For: 2006 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2006

Transaction ID: SA11A1.24713

Amount of Each Receipt this Period
57.69

C. Full Name (Last, First, Middle Initial)
Ms Diane Johnson

Mailing Address 347 Lenape Trail

City State Zip Code
Allentown PA 18104

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

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

Receipt For: 2006 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.89

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2006

Transaction ID: SA11A1.24714

Amount of Each Receipt this Period
0.06

SUBTOTAL of Receipts This Page (optional)	▶	127.75
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Matthew Kang

Mailing Address 1938 Ottawa Lane

City State Zip Code
Perrysburg OH 43551

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

Name of Employer Occupation
HCR ManorCare Inc. Asst Treasurer^ Dir of Finance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.24735

Amount of Each Receipt this Period
38.46

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

Mailing Address 1938 Ottawa Lane

City State Zip Code
Perrysburg OH 43551

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

Name of Employer Occupation
HCR ManorCare Inc. Asst Treasurer^ Dir of Finance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.26

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.24736

Amount of Each Receipt this Period
0.04

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

Mailing Address 2208 26th Avenue^ South

City State Zip Code
Fargo ND 58103

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

Name of Employer Occupation
HCR ManorCare Inc. Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.24739

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	63.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. David Lanning		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 806 Copley Lane		Transaction ID: SA11A1.24786
City State Zip Code Silver Spring MD 20904	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Development	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Mr. David Lanning		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 806 Copley Lane		Transaction ID: SA11A1.24787
City State Zip Code Silver Spring MD 20904	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Development	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Mr. David Lanning		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 806 Copley Lane		Transaction ID: SA11A1.24788
City State Zip Code Silver Spring MD 20904	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Development	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. David Lanning		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006	
Mailing Address 806 Copley Lane		Transaction ID: SA11A1.24789	
City State Zip Code Silver Spring MD 20904		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Vice President, Development	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. David Lanning		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2006	
Mailing Address 806 Copley Lane		Transaction ID: SA11A1.24790	
City State Zip Code Silver Spring MD 20904		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Vice President, Development	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Mr. David Lanning		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006	
Mailing Address 806 Copley Lane		Transaction ID: SA11A1.24791	
City State Zip Code Silver Spring MD 20904		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Vice President, Development	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 104
	<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. Terry L Lawrence Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 1880 Oldfield Dr.		Transaction ID: SA11A1.24797
City State Zip Code Huntingtown MD 20639	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer HCR ManorCare Inc.	Occupation Clinical Services ConsultantRN	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Terry L Lawrence Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 1880 Oldfield Dr.		Transaction ID: SA11A1.24798
City State Zip Code Huntingtown MD 20639	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer HCR ManorCare Inc.	Occupation Clinical Services ConsultantRN	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Barry A Lazarus		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 2629 Liverpool Ct		Transaction ID: SA11A1.24800
City State Zip Code Toledo OH 43617	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer HCR ManorCare Inc.	Occupation VP^ Reimbursement	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Larry C Lester		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2006	
Mailing Address 13507 Westbrook		Transaction ID: SA11A1.24807	
City Plymouth	State MI	Zip Code 48170	Amount of Each Receipt this Period 77.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation General Mgr^ VP Marketing		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 539.00		

Full Name (Last, First, Middle Initial) B. Larry C Lester		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2006	
Mailing Address 13507 Westbrook		Transaction ID: SA11A1.24808	
City Plymouth	State MI	Zip Code 48170	Amount of Each Receipt this Period 77.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation General Mgr^ VP Marketing		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 616.00		

Full Name (Last, First, Middle Initial) C. Larry C Lester		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006	
Mailing Address 13507 Westbrook		Transaction ID: SA11A1.24809	
City Plymouth	State MI	Zip Code 48170	Amount of Each Receipt this Period 77.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation General Mgr^ VP Marketing		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 693.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Larry C Lester		Date of Receipt M M / D D / Y Y Y Y Y 05 / 17 / 2006	
Mailing Address 13507 Westbrook		Transaction ID: SA11A1.24810	
City Plymouth	State MI	Zip Code 48170	Amount of Each Receipt this Period 77.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation General Mgr^ VP Marketing		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00		

Full Name (Last, First, Middle Initial) B. Larry C Lester		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2006	
Mailing Address 13507 Westbrook		Transaction ID: SA11A1.24811	
City Plymouth	State MI	Zip Code 48170	Amount of Each Receipt this Period 77.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation General Mgr^ VP Marketing		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 847.00		

Full Name (Last, First, Middle Initial) C. Ms Elizabeth Loyet		Date of Receipt M M / D D / Y Y Y Y Y 04 / 26 / 2006	
Mailing Address 20115 183rd Place Northeast		Transaction ID: SA11A1.24815	
City Woodinville	State WA	Zip Code 98072	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer HCR Manor Care Inc.	Occupation Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	179.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 104
	<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 Elizabeth Loyet		Date of Receipt MM / DD / YYYY 05 / 10 / 2006
Mailing Address 20115 183rd Place Northeast		Transaction ID: SA11A1.24816
City Woodinville	State WA	Zip Code 98072
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer HCR Manor Care Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms Elizabeth Loyet		Date of Receipt MM / DD / YYYY 05 / 24 / 2006
Mailing Address 20115 183rd Place Northeast		Transaction ID: SA11A1.24817
City Woodinville	State WA	Zip Code 98072
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer HCR Manor Care Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Ms Elizabeth Loyet		Date of Receipt MM / DD / YYYY 06 / 07 / 2006
Mailing Address 20115 183rd Place Northeast		Transaction ID: SA11A1.24818
City Woodinville	State WA	Zip Code 98072
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer HCR Manor Care Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms Elizabeth Loyet

Mailing Address 20115 183rd Place Northeast

City State Zip Code
Woodinville WA 98072

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

Name of Employer Occupation
HCR Manor Care Inc. Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2006

Transaction ID: SA11A1.24819

Amount of Each Receipt this Period
10.00

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

Mailing Address 14802 Dunston Place

City State Zip Code
Tampa FL 33618

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

Name of Employer Occupation
HCR Manor Care, Inc. Sr. Administrator - Palm Harbor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
261.11

Date of Receipt
MM / DD / YYYY
04 / 05 / 2006

Transaction ID: SA11A1.24834

Amount of Each Receipt this Period
37.25

C. Full Name (Last, First, Middle Initial)
Jacqueline M Macenas

Mailing Address 1074 Amber Ct

City State Zip Code
West Chicago IL 60185

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

Name of Employer Occupation
HCR ManorCare Inc. Regional Marketing Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2006

Transaction ID: SA11A1.24839

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	67.25
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 104
	<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. Jacqueline M Macenas		Date of Receipt MM / DD / YYYY 06 / 14 / 2006
Mailing Address 1074 Amber Ct		Transaction ID: SA11A1.24840
City State Zip Code West Chicago IL 60185	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer HCR ManorCare Inc.	Occupation Regional Marketing Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Mr. Michael Martinez		Date of Receipt MM / DD / YYYY 04 / 05 / 2006
Mailing Address 10300 Golf Course Rd NW #816		Transaction ID: SA11A1.24850
City State Zip Code Alb NM 87114	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer HCR Manor Care, Inc	Occupation RDO - Mid States	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Mr. Michael Martinez		Date of Receipt MM / DD / YYYY 04 / 19 / 2006
Mailing Address 10300 Golf Course Rd NW #816		Transaction ID: SA11A1.24851
City State Zip Code Alb NM 87114	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer HCR Manor Care, Inc	Occupation RDO - Mid States	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael Martinez

Mailing Address 10300 Golf Course Rd NW #816

City State Zip Code
Alb NM 87114

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

Name of Employer
HCR Manor Care, Inc

Occupation
RDO - Mid States

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 03 / 2006

Transaction ID: SA11A1.24852

Amount of Each Receipt this Period
40.00

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

Mailing Address 700 Golden Drive

City State Zip Code
Blandon PA 19510

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

Name of Employer
HCR Manor Care, Inc

Occupation
Administrator - Sinking Spring

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 31 / 2006

Transaction ID: SA11A1.24865

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert E. McQuillan

Mailing Address 604 Stoney Run Road

City State Zip Code
Pottsville PA 17901

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

Name of Employer
HCR ManorCare, Inc.

Occupation
Regional Director of Operations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 27 / 2006

Transaction ID: SA11A1.23999

Amount of Each Receipt this Period
500.00

Contribution - Check # 19-24

SUBTOTAL of Receipts This Page (optional)	▶	560.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 104
	<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. Kirsten Mentzell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 421 Ben Oaks Drive West		Transaction ID: SA11A1.24881
City State Zip Code Severna Park MD 21146		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manor Care, Inc.	Occupation Regional Rehab Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Kirsten Mentzell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 421 Ben Oaks Drive West		Transaction ID: SA11A1.24882
City State Zip Code Severna Park MD 21146		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manor Care, Inc.	Occupation Regional Rehab Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Murry J Mercier		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 7110 Oak Bluff Lane		Transaction ID: SA11A1.24884
City State Zip Code Maumee OH 43537		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Dir of Information Serv	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Murry J Mercier		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2006
Mailing Address 7110 Oak Bluff Lane		Transaction ID: SA11A1.24885
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Dir of Information Serv	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Murry J Mercier		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006
Mailing Address 7110 Oak Bluff Lane		Transaction ID: SA11A1.24886
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Dir of Information Serv	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Murry J Mercier		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006
Mailing Address 7110 Oak Bluff Lane		Transaction ID: SA11A1.24887
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation VP Dir of Information Serv	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Murry J Mercier		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 7110 Oak Bluff Lane		Transaction ID: SA11A1.24888	
City State Zip Code Maumee OH 43537		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation VP Dir of Information Serv	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Murry J Mercier		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 7110 Oak Bluff Lane		Transaction ID: SA11A1.24889	
City State Zip Code Maumee OH 43537		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation VP Dir of Information Serv	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Ms Sylvia Messina		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6	
Mailing Address 103 Aspen Avenue		Transaction ID: SA11A1.24891	
City State Zip Code Sinking Spring PA 19608		Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 288.50	

SUBTOTAL of Receipts This Page (optional) ▶	228.85
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms Sylvia Messina		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 103 Aspen Avenue		Transaction ID: SA11A1.24892
City State Zip Code Sinking Spring PA 19608	Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.35	

Full Name (Last, First, Middle Initial) B. Ms Sylvia Messina		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 103 Aspen Avenue		Transaction ID: SA11A1.24893
City State Zip Code Sinking Spring PA 19608	Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.20	

Full Name (Last, First, Middle Initial) C. Ms Sylvia Messina		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 103 Aspen Avenue		Transaction ID: SA11A1.24894
City State Zip Code Sinking Spring PA 19608	Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.05	

SUBTOTAL of Receipts This Page (optional) ▶	86.55
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms Sylvia Messina		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2006	
Mailing Address 103 Aspen Avenue		Transaction ID: SA11A1.24895	
City State Zip Code Sinking Spring PA 19608		Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 403.90	

Full Name (Last, First, Middle Initial) B. Ms Sylvia Messina		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2006	
Mailing Address 103 Aspen Avenue		Transaction ID: SA11A1.25516	
City State Zip Code Sinking Spring PA 19608		Amount of Each Receipt this Period 28.85	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 432.75	

Full Name (Last, First, Middle Initial) C. Brian K Mikołajczyk		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2006	
Mailing Address 1793 Bucklew		Transaction ID: SA11A1.24907	
City State Zip Code Toledo OH 43613		Amount of Each Receipt this Period 19.23	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Internal Training Specialist	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.53	

SUBTOTAL of Receipts This Page (optional) ▶	76.93
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Brian K Mikolajczyk

Mailing Address 1793 Bucklew

City Toledo State OH Zip Code 43613

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

Name of Employer HCR ManorCare Inc. Occupation Internal Training Specialist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2006

Transaction ID: SA11A1.24908

Amount of Each Receipt this Period
 19.23

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

Mailing Address 107 York Street

City St. Louis State MI Zip Code 48880

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2006

Transaction ID: SA11A1.24917

Amount of Each Receipt this Period
 20.00

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

Mailing Address 107 York Street

City St. Louis State MI Zip Code 48880

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2006

Transaction ID: SA11A1.24918

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)	▶	59.23
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms Susan Morey		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 700 Hunters Road		Transaction ID: SA11A1.24953
City State Zip Code Mohnnton PA 19540	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Ms Susan Morey		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 700 Hunters Road		Transaction ID: SA11A1.24954
City State Zip Code Mohnnton PA 19540	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Ms Susan Morey		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 700 Hunters Road		Transaction ID: SA11A1.24955
City State Zip Code Mohnnton PA 19540	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 104
	(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. Ms Joylin Nation		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 15985 Voyageurs Place		Transaction ID: SA11A1.24984	
City State Zip Code West Palm Beach FL 33414		Amount of Each Receipt this Period 28.75	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR Manor Care, Inc.		Occupation Senior Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.85	

Full Name (Last, First, Middle Initial) B. Linda Neumann		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 28 Roslyn Road		Transaction ID: SA11A1.24994	
City State Zip Code Grosse Pointe Shor MI 48236		Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 269.22	

Full Name (Last, First, Middle Initial) C. Linda Neumann		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 28 Roslyn Road		Transaction ID: SA11A1.24995	
City State Zip Code Grosse Pointe Shor MI 48236		Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 307.68	

SUBTOTAL of Receipts This Page (optional) ▶	105.67
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 104
	<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. Linda Neumann		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 28 Roslyn Road		Transaction ID: SA11A1.24996
City State Zip Code Grosse Pointe Shor MI 48236	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name (Last, First, Middle Initial) B. Linda Neumann		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 28 Roslyn Road		Transaction ID: SA11A1.24997
City State Zip Code Grosse Pointe Shor MI 48236	Amount of Each Receipt this Period 0.04	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.18	

Full Name (Last, First, Middle Initial) C. Gordon C Ochs		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 2505 Waterford Court		Transaction ID: SA11A1.25007
City State Zip Code Palmetto FL 34221	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	88.50
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 63 / 104
	(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. Gordon C Ochs		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2006
Mailing Address 2505 Waterford Court		Transaction ID: SA11A1.25008
City State Zip Code Palmetto FL 34221	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Gordon C Ochs		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006
Mailing Address 2505 Waterford Court		Transaction ID: SA11A1.25009
City State Zip Code Palmetto FL 34221	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Gordon C Ochs		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006
Mailing Address 2505 Waterford Court		Transaction ID: SA11A1.25010
City State Zip Code Palmetto FL 34221	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 104
	<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. Gordon C Ochs		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 2505 Waterford Court		Transaction ID: SA11A1.25011
City State Zip Code Palmetto FL 34221	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Gordon C Ochs		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 2505 Waterford Court		Transaction ID: SA11A1.25012
City State Zip Code Palmetto FL 34221	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Ms Leslie Ohm		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 12331 South 71st Avenue		Transaction ID: SA11A1.25021
City State Zip Code Palos Heights IL 60463	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 104
	<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. Annette Orłowski		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 669 Highway 60		Transaction ID: SA11A1.25022	
City State Zip Code Cedarburg WI 53012		Amount of Each Receipt this Period 46.15	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Director, Clinical Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 323.05	

Full Name (Last, First, Middle Initial) B. Ms. Annette Orłowski		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 669 Highway 60		Transaction ID: SA11A1.25023	
City State Zip Code Cedarburg WI 53012		Amount of Each Receipt this Period 0.10	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Director, Clinical Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 323.15	

Full Name (Last, First, Middle Initial) C. Paul A. Ormond		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 2420 Underhill Road		Transaction ID: SA11A1.23965	
City State Zip Code Toledo OH 43615		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Contribution - Check # 40-01

SUBTOTAL of Receipts This Page (optional) ▶	5046.25
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 104
	<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. Mr. James Pagoaga		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 13129 Fox Path Lane		Transaction ID: SA11A1.25045
City State Zip Code West Friendship MD 21794	Amount of Each Receipt this Period 38.47	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Rehabilitation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.29	

Full Name (Last, First, Middle Initial) B. Mr. James Pagoaga		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 13129 Fox Path Lane		Transaction ID: SA11A1.25046
City State Zip Code West Friendship MD 21794	Amount of Each Receipt this Period 38.47	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Rehabilitation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.76	

Full Name (Last, First, Middle Initial) C. Mr. James Pagoaga		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 13129 Fox Path Lane		Transaction ID: SA11A1.25047
City State Zip Code West Friendship MD 21794	Amount of Each Receipt this Period 38.47	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Rehabilitation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.23	

SUBTOTAL of Receipts This Page (optional) ▶	115.41
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. James Pagoaga		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006
Mailing Address 13129 Fox Path Lane		Transaction ID: SA11A1.25048
City State Zip Code West Friendship MD 21794	Amount of Each Receipt this Period 38.47	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Rehabilitation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.70	

Full Name (Last, First, Middle Initial) B. Mr. James Pagoaga		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2006
Mailing Address 13129 Fox Path Lane		Transaction ID: SA11A1.25049
City State Zip Code West Friendship MD 21794	Amount of Each Receipt this Period 38.47	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Rehabilitation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.17	

Full Name (Last, First, Middle Initial) C. Mr. James Pagoaga		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006
Mailing Address 13129 Fox Path Lane		Transaction ID: SA11A1.25050
City State Zip Code West Friendship MD 21794	Amount of Each Receipt this Period 38.47	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Rehabilitation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.64	

SUBTOTAL of Receipts This Page (optional) ▶	115.41
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 104
	<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 M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 1876 Wyandotte		Transaction ID: SA11A1.25052
City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 55.75	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation AVP - Central Division	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.25	

Full Name (Last, First, Middle Initial) B. Douglas M Parson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 812 County Club Drive		Transaction ID: SA11A1.25056
City State Zip Code Butler MO 64730	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Douglas M Parson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 812 County Club Drive		Transaction ID: SA11A1.25057
City State Zip Code Butler MO 64730	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	95.75
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 104
	<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. Douglas M Parson		Date of Receipt M M / D D / Y Y Y Y Y 06 / 21 / 2006	
Mailing Address 812 Countay Club Drive		Transaction ID: SA11A1.25058	
City State Zip Code Butler MO 64730	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. Michael A Perry		Date of Receipt M M / D D / Y Y Y Y Y 04 / 05 / 2006	
Mailing Address 4134 Woodmore Court		Transaction ID: SA11A1.24026	
City State Zip Code Brighton MI 48114	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		P/R withholding	
Name of Employer HCR Manor Care, Inc	Occupation RDO - Midwest Division Region 2		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. Pamela Petsopoulos		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2006	
Mailing Address 9046 Merrimoor Blvd		Transaction ID: SA11A1.25069	
City State Zip Code Largo FL 33777	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Regional Rehab Mgr.		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	70.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 104
	<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. Pamela Petsopoulos		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006	
Mailing Address 9046 Merrimoor Blvd		Transaction ID: SA11A1.25070	
City State Zip Code Largo FL 33777	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Regional Rehab Mgr.		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. Karen K Phelps		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2006	
Mailing Address Rt. 4^ Box 87p		Transaction ID: SA11A1.25079	
City State Zip Code Tecumseh OK 74873	Amount of Each Receipt this Period 27.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Admin Dir Of Nursing Serv		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) C. Karen K Phelps		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006	
Mailing Address Rt. 4^ Box 87p		Transaction ID: SA11A1.25080	
City State Zip Code Tecumseh OK 74873	Amount of Each Receipt this Period 27.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Admin Dir Of Nursing Serv		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00		

SUBTOTAL of Receipts This Page (optional) ▶	74.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 104
	(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. Karen K Phelps		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006	
Mailing Address Rt. 4^ Box 87p		Transaction ID: SA11A1.25081	
City State Zip Code Tecumseh OK 74873		Amount of Each Receipt this Period 27.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Admin Dir Of Nursing Serv	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Karen K Phelps		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2006	
Mailing Address Rt. 4^ Box 87p		Transaction ID: SA11A1.25082	
City State Zip Code Tecumseh OK 74873		Amount of Each Receipt this Period 27.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Admin Dir Of Nursing Serv	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 297.00	

Full Name (Last, First, Middle Initial) C. Karen K Phelps		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006	
Mailing Address Rt. 4^ Box 87p		Transaction ID: SA11A1.25083	
City State Zip Code Tecumseh OK 74873		Amount of Each Receipt this Period 27.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Admin Dir Of Nursing Serv	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 324.00	

SUBTOTAL of Receipts This Page (optional) ▶	81.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 104
	<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 III Pipkin		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 9211 Marydell Rd		Transaction ID: SA11A1.25105
City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 38.47	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.29	

Full Name (Last, First, Middle Initial) B. David III Pipkin		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 9211 Marydell Rd		Transaction ID: SA11A1.25106
City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 38.47	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.76	

Full Name (Last, First, Middle Initial) C. David III Pipkin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 9211 Marydell Rd		Transaction ID: SA11A1.25107
City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 38.47	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.23	

SUBTOTAL of Receipts This Page (optional) ▶	115.41
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 104
	<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. David III Pipkin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address 9211 Marydell Rd		Transaction ID: SA11A1.25108	
City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 38.47		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.70		

Full Name (Last, First, Middle Initial) B. David III Pipkin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 9211 Marydell Rd		Transaction ID: SA11A1.25109	
City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 38.47		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.17		

Full Name (Last, First, Middle Initial) C. David III Pipkin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 9211 Marydell Rd		Transaction ID: SA11A1.25110	
City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 38.47		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.64		

SUBTOTAL of Receipts This Page (optional) ▶	115.41
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 74 / 104
	(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) Clifton J Porter II		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2006	
Mailing Address 3929 Azalea Circle		Transaction ID: SA11A1.25113	
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 55.77		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation AVP^ Government Relations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.39		

Full Name (Last, First, Middle Initial) Clifton J Porter II		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006	
Mailing Address 3929 Azalea Circle		Transaction ID: SA11A1.25114	
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 58.27		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation AVP^ Government Relations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 448.66		

Full Name (Last, First, Middle Initial) Clifton J Porter II		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2006	
Mailing Address 3929 Azalea Circle		Transaction ID: SA11A1.25115	
City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 58.27		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation AVP^ Government Relations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 506.93		

SUBTOTAL of Receipts This Page (optional) ▶	172.31
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 / 104
	(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. Clifton J Porter II		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006	
Mailing Address 3929 Azalea Circle		Transaction ID: SA11A1.25116	
City State Zip Code Maumee OH 43537		Amount of Each Receipt this Period 58.27	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation AVP^ Government Relations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 565.20	

Full Name (Last, First, Middle Initial) B. John I Remenar		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2006	
Mailing Address 2723 Rexton Ridge Rd		Transaction ID: SA11A1.25126	
City State Zip Code Toledo OH 43617		Amount of Each Receipt this Period 39.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation VP Financial Services	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 273.00	

Full Name (Last, First, Middle Initial) C. Glen Roebuck		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2006	
Mailing Address 314 Forest Road		Transaction ID: SA11A1.25134	
City State Zip Code Davenport IA 52803		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	137.27
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 104
	<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 Joan Roehrig		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 450 North Campbell C-1		Transaction ID: SA11A1.23972	
City State Zip Code Oshkosh WI 54902		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution - Check # 37-65	
Name of Employer Occupation HCR.ManorCare, Inc. Regional Director of Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Lori Saidleman-Yoh		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 5421 Willow Run Drive		Transaction ID: SA11A1.25183	
City State Zip Code Milford OH 45150		Amount of Each Receipt this Period 19.23	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR ManorCare Inc. Executive Director			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.53	

Full Name (Last, First, Middle Initial) C. Lori Saidleman-Yoh		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 5421 Willow Run Drive		Transaction ID: SA11A1.25184	
City State Zip Code Milford OH 45150		Amount of Each Receipt this Period 19.23	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR ManorCare Inc. Executive Director			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.76	

SUBTOTAL of Receipts This Page (optional) ▶	538.46
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 104
	(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. Francis J Schmitt		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2006	
Mailing Address 4007 Thistle Hill Court		Transaction ID: SA11A1.25213	
City State Zip Code Sugar Land TX 77479		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation VP^ Operations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. Bruce G Schroeder		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2006	
Mailing Address 10945 Lakeview Dr		Transaction ID: SA11A1.25215	
City State Zip Code Whitehouse OH 43571		Amount of Each Receipt this Period 26.93	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation AVP Home Health	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.44	

Full Name (Last, First, Middle Initial) C. Bruce G Schroeder		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006	
Mailing Address 10945 Lakeview Dr		Transaction ID: SA11A1.25216	
City State Zip Code Whitehouse OH 43571		Amount of Each Receipt this Period 26.93	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.		Occupation AVP Home Health	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 242.37	

SUBTOTAL of Receipts This Page (optional) ▶	133.86
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 104
	<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. Bruce G Schroeder		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006	
Mailing Address 10945 Lakeview Dr		Transaction ID: SA11A1.25217	
City State Zip Code Whitehouse OH 43571	Amount of Each Receipt this Period 26.93		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation AVP Home Health		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.30		

Full Name (Last, First, Middle Initial) B. Bruce G Schroeder		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2006	
Mailing Address 10945 Lakeview Dr		Transaction ID: SA11A1.25218	
City State Zip Code Whitehouse OH 43571	Amount of Each Receipt this Period 26.93		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation AVP Home Health		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 296.23		

Full Name (Last, First, Middle Initial) C. Bruce G Schroeder		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006	
Mailing Address 10945 Lakeview Dr		Transaction ID: SA11A1.25219	
City State Zip Code Whitehouse OH 43571	Amount of Each Receipt this Period 26.93		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR ManorCare Inc.	Occupation AVP Home Health		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.16		

SUBTOTAL of Receipts This Page (optional) ▶	80.79
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 79 / 104						
	(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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Theresa J Smelser		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 202 N. Elm Hurst Rd.		Transaction ID: SA11A1.25240
City Prospect Heights	State IL	Zip Code 60070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.92
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.36	

Full Name (Last, First, Middle Initial) B. Theresa J Smelser		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 202 N. Elm Hurst Rd.		Transaction ID: SA11A1.25241
City Prospect Heights	State IL	Zip Code 60070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.92
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.28	

Full Name (Last, First, Middle Initial) C. Theresa J Smelser		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 202 N. Elm Hurst Rd.		Transaction ID: SA11A1.25242
City Prospect Heights	State IL	Zip Code 60070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.08
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.36	

SUBTOTAL of Receipts This Page (optional)	▶	53.92
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 104
	<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. Joyce Louise Smith		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 3521 Cedar Creek Court		Transaction ID: SA11A1.25243	
City State Zip Code Maumee OH 43537		Amount of Each Receipt this Period 93.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR ManorCare Inc. VP^ Clinical Services			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 651.00	

Full Name (Last, First, Middle Initial) B. Marionlee J Specter		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6	
Mailing Address 5286 Sell Road		Transaction ID: SA11A1.25258	
City State Zip Code New Tripoli PA 18066		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR ManorCare Inc. Executive Director			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) C. Marionlee J Specter		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 5286 Sell Road		Transaction ID: SA11A1.25259	
City State Zip Code New Tripoli PA 18066		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR ManorCare Inc. Executive Director			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) ▶	163.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Marionlee J Specter		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 5286 Sell Road		Transaction ID: SA11A1.25260
City State Zip Code New Tripoli PA 18066	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Executive Director	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Marionlee J Specter		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 5286 Sell Road		Transaction ID: SA11A1.25261
City State Zip Code New Tripoli PA 18066	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Executive Director	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Marionlee J Specter		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 5286 Sell Road		Transaction ID: SA11A1.25262
City State Zip Code New Tripoli PA 18066	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Executive Director	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

SUBTOTAL of Receipts This Page (optional) ▶	105.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Marionlee J Specter		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2006	
Mailing Address 5286 Sell Road		Transaction ID: SA11A1.25539	
City State Zip Code New Tripoli PA 18066		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR ManorCare Inc. Executive Director			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Mr. Rami Ubaydi		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2006	
Mailing Address 2842 Evergreen		Transaction ID: SA11A1.25336	
City State Zip Code Toledo OH 43606		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR Manor Care, Inc. Director of OPS Support			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) C. Kim R Vesey		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address 3173 Indian Ripple Rd		Transaction ID: SA11A1.25533	
City State Zip Code Beavercreek OH 45440		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCR ManorCare Inc. Division Director of Hospice			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	80.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 / 104
	(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. Mr. Douglas Wanke		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 13908 Pondview Road		Transaction ID: SA11A1.25369
City State Zip Code Silver Spring MD 20905	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Director of Health Planning	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Mr. Douglas Wanke		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 13908 Pondview Road		Transaction ID: SA11A1.25370
City State Zip Code Silver Spring MD 20905	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Director of Health Planning	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Mr. Douglas Wanke		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 13908 Pondview Road		Transaction ID: SA11A1.25371
City State Zip Code Silver Spring MD 20905	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Director of Health Planning	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mr. Douglas Wanke		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006	
Mailing Address 13908 Pondview Road		Transaction ID: SA11A1.25372	
City State Zip Code Silver Spring MD 20905		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Director of Health Planning	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Mr. Douglas Wanke		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2006	
Mailing Address 13908 Pondview Road		Transaction ID: SA11A1.25373	
City State Zip Code Silver Spring MD 20905		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Director of Health Planning	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. Mr. Douglas Wanke		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006	
Mailing Address 13908 Pondview Road		Transaction ID: SA11A1.25374	
City State Zip Code Silver Spring MD 20905		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.		Occupation Director of Health Planning	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 / 104
	(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. M Keith Weikel		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2006
Mailing Address Three River Hills Ln		Transaction ID: SA11A1.25390
City State Zip Code Toledo OH 43623	Amount of Each Receipt this Period 192.25	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Sr Executive VP and COO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.11	

Full Name (Last, First, Middle Initial) B. Donna M Weimer		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2006
Mailing Address 150 West 9th Avenue #3205		Transaction ID: SA11A1.23995
City State Zip Code Denver CO 80204	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Contribution by Credit Card
Name of Employer HCR. Manor Care, Inc	Occupation RDO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Robert Wilcox		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006
Mailing Address 8801 LaCresada #1636		Transaction ID: SA11A1.25415
City State Zip Code Austin TX 78749	Amount of Each Receipt this Period 18.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional)	1210.25
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 86 / 104
	(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. Dan Wood		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 2121 Richmond		Transaction ID: SA11A1.25424	
City Toledo	State OH	Amount of Each Receipt this Period 58.00	
Zip Code 43607		FEC ID number of contributing federal political committee. C	
Name of Employer HCR ManorCare Inc.	Occupation Asst General Mgr	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 406.00			

Full Name (Last, First, Middle Initial) B. Ms Sherriann Wood		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 5 Aberfield Lane		Transaction ID: SA11A1.25425	
City Miamisburg	State OH	Amount of Each Receipt this Period 50.00	
Zip Code 45342		FEC ID number of contributing federal political committee. C	
Name of Employer HCR.ManorCare, Inc.	Occupation RDO - Central Division Region 2	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 350.00			

Full Name (Last, First, Middle Initial) C. Ms. Nancy Lee Zant		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 6970 St. Edwards Loop		Transaction ID: SA11A1.25459	
City Fort Meyers	State FL	Amount of Each Receipt this Period 55.00	
Zip Code 33912		FEC ID number of contributing federal political committee. C	
Name of Employer HCR.ManorCare, Inc.	Occupation Administrator	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 385.00			

SUBTOTAL of Receipts This Page (optional) ▶	163.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms. Nancy Lee Zant		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2006	
Mailing Address 6970 St. Edwards Loop		Transaction ID: SA11A1.25460	
City State Zip Code Fort Meyers FL 33912	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.	Occupation Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) B. Ms. Nancy Lee Zant		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006	
Mailing Address 6970 St. Edwards Loop		Transaction ID: SA11A1.25461	
City State Zip Code Fort Meyers FL 33912	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.	Occupation Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00		

Full Name (Last, First, Middle Initial) C. Ms. Nancy Lee Zant		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006	
Mailing Address 6970 St. Edwards Loop		Transaction ID: SA11A1.25462	
City State Zip Code Fort Meyers FL 33912	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCR.ManorCare, Inc.	Occupation Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 / 104
	(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. Ms. Nancy Lee Zant		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 6970 St. Edwards Loop		Transaction ID: SA11A1.25463
City State Zip Code Fort Meyers FL 33912	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

Full Name (Last, First, Middle Initial) B. Ms. Nancy Lee Zant		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 6970 St. Edwards Loop		Transaction ID: SA11A1.25464
City State Zip Code Fort Meyers FL 33912	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCR.ManorCare, Inc.	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

SUBTOTAL of Receipts This Page (optional) ▶	110.00
TOTAL This Period (last page this line number only) ▶	22535.43

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 104
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. The Huntington National Bank		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 5065		Transaction ID: SA17.23969
City State Zip Code Cleveland OH 44101-0065	Amount of Each Receipt this Period 83.82	
FEC ID number of contributing federal political committee. C	Interest Income - 04/06	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 282.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. The Huntington National Bank		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 5065		Transaction ID: SA17.23970
City State Zip Code Cleveland OH 44101-0065	Amount of Each Receipt this Period 81.18	
FEC ID number of contributing federal political committee. C	Interest Income - 05/06	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 364.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. The Huntington National Bank		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 5065		Transaction ID: SA17.23971
City State Zip Code Cleveland OH 44101-0065	Amount of Each Receipt this Period 78.82	
FEC ID number of contributing federal political committee. C	Interest Income - 06/06	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 442.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	243.82
TOTAL This Period (last page this line number only) ▶	243.82

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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		Transaction ID: SB21B.23894
Mailing Address P.O. Box 5065		Date of Disbursement MM / DD / YYYY 04 / 04 / 2006
City Cleveland	State OH	Zip Code 44101-0065
Purpose of Disbursement Credit Card Fees		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">145.20</div>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. The Huntington National Bank		Transaction ID: SB21B.23896
Mailing Address P.O. Box 5065		Date of Disbursement MM / DD / YYYY 04 / 06 / 2006
City Cleveland	State OH	Zip Code 44101-0065
Purpose of Disbursement Credit Card Fees		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">6.60</div>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. The Huntington National Bank		Transaction ID: SB21B.23897
Mailing Address P.O. Box 5065		Date of Disbursement MM / DD / YYYY 04 / 17 / 2006
City Cleveland	State OH	Zip Code 44101-0065
Purpose of Disbursement Service Fees - 04/06		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">151.90</div>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">303.70</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px;"> </div>

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		Transaction ID: SB21B.23898	
Mailing Address P.O. Box 5065		Date of Disbursement 04 / 24 / 2006	
City Cleveland	State OH	Zip Code 44101-0065	Amount of Each Disbursement this Period 3.63
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. The Huntington National Bank		Transaction ID: SB21B.23899	
Mailing Address P.O. Box 5065		Date of Disbursement 05 / 03 / 2006	
City Cleveland	State OH	Zip Code 44101-0065	Amount of Each Disbursement this Period 18.18
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. The Huntington National Bank		Transaction ID: SB21B.23900	
Mailing Address P.O. Box 5065		Date of Disbursement 05 / 15 / 2006	
City Cleveland	State OH	Zip Code 44101-0065	Amount of Each Disbursement this Period 152.15
Purpose of Disbursement Service Fees - 05/06		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	173.96
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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<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		Transaction ID: SB21B.23901	
Mailing Address P.O. Box 5065		Date of Disbursement MM / DD / YYYY 06 / 05 / 2006	
City Cleveland	State OH	Zip Code 44101-0065	Amount of Each Disbursement this Period 9.90
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. The Huntington National Bank		Transaction ID: SB21B.23903	
Mailing Address P.O. Box 5065		Date of Disbursement MM / DD / YYYY 06 / 15 / 2006	
City Cleveland	State OH	Zip Code 44101-0065	Amount of Each Disbursement this Period 153.40
Purpose of Disbursement Service Fees - 06/06		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ►

163.30

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

640.96

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. BEN CARDIN FOR SENATE		Transaction ID: SB23.23959 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address P.O. BOX 21093		Amount of Each Disbursement this Period 1000.00
City CATONSVILLE State MD Zip Code 21228	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. CAMPAIGN FOR AMERICAS FUTURE		Transaction ID: SB23.23957 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 175 S. WEST TEMPLE SUITE 650		Amount of Each Disbursement this Period 5000.00
City SALT LAKE CITY State UT Zip Code 84101	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. CONGRESSIONAL MAJORITY COMMITTEE		Transaction ID: SB23.23954 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address P. O. BOX 746		Amount of Each Disbursement this Period 5000.00
City Bakersfield State CA Zip Code 93302	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
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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<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. FREEDOM PROJECT; THE		Transaction ID: SB23.23948 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 509 7th Street NW Third Floor		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20004	Purpose of Disbursement Contribution Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOHN BOEHNER		Transaction ID: SB23.23947 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period 5000.00
City West Chester State OH Zip Code 45069	Purpose of Disbursement Contribution Candidate Name Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Keep Our Majority Political Action Committee (KOMPAC)		Transaction ID: SB23.23950 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address P O Box 20209		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22320	Purpose of Disbursement Contribution Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
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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<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. MIKE DEWINE FOR US SENATE		Transaction ID: SB23.23904 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address PO BOX 340188		Amount of Each Disbursement this Period 2000.00
City COLUMBUS State OH Zip Code 43234	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. MIKE DEWINE FOR US SENATE		Transaction ID: SB23.23905 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address PO BOX 340188		Amount of Each Disbursement this Period 2000.00
City COLUMBUS State OH Zip Code 43234	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Transaction ID: SB23.23951 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 320 FIRST STREET		Amount of Each Disbursement this Period 3500.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
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. PAULA HOLLINGER FOR CONGRESS		Transaction ID: SB23.23955 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 5861		Amount of Each Disbursement this Period 1000.00
City Baltimore State MD Zip Code 21282	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. PEOPLE FOR ENGLISH		Transaction ID: SB23.23956 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address PO BOX 1940		Amount of Each Disbursement this Period 2000.00
City ERIE State PA Zip Code 16507	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. PRICE FOR CONGRESS		Transaction ID: SB23.23958 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 1000.00
City Roswell State GA Zip Code 30077	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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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<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. PRYCE FOR CONGRESS		Transaction ID: SB23.23949 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 2000.00
City Columbus State OH Zip Code 43215	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. SNOWE FOR SENATE		Transaction ID: SB23.23962 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO BOX 2006		Amount of Each Disbursement this Period 2000.00
City PORTLAND State ME Zip Code 04104	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. TIBERI FOR CONGRESS		Transaction ID: SB23.23919 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 2021 E Dublin Granville Road Suite 2000		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43229	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	42500.00

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)

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<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. Californians for Schwarzenegger 2006		Transaction ID: SB29.23941 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 471		Amount of Each Disbursement this Period 5000.00
City Sacramento State CA Zip Code 95812	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Campaign to Elect Durell Peaden Jr.		Transaction ID: SB29.23945 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 1239		Amount of Each Disbursement this Period 500.00
City Crestview State FL Zip Code 32536	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Citizens for Jean Schmidt		Transaction ID: SB29.23937 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 8044 Montgomery Road Suite 540		Amount of Each Disbursement this Period 2000.00
City Cincinnati State OH Zip Code 45236	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
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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<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. Citizens for Judy Baar Topinka		Transaction ID: SB29.23960 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 219 State Capitol		Amount of Each Disbursement this Period 1000.00
City Springfield State IL Zip Code 62706	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens for Judy Baar Topinka		Transaction ID: SB29.23961 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 219 State Capitol		Amount of Each Disbursement this Period 1000.00
City Springfield State IL Zip Code 62706	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens for Wagoner		Transaction ID: SB29.23943 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 7445 Airport Highway		Amount of Each Disbursement this Period 250.00
City Holland State OH Zip Code 43528	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
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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<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. Citizens to Re-Elect Geoff Smith		Transaction ID: SB29.23936 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 77 South High Street 11th Floor		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	Purpose of Disbursement Contribution	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cupp for Supreme Court		Transaction ID: SB29.23940 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 100 East Broad Street Suite 2330		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	Purpose of Disbursement Contribution	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dan Rutherford Campaign Committee		Transaction ID: SB29.23942 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 220 West Howard Street		Amount of Each Disbursement this Period 250.00
City Pontiac State IL Zip Code 61764	Purpose of Disbursement Contribution	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 53	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
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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<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 Dwight Evans		Transaction ID: SB29.23913 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 19097		Amount of Each Disbursement this Period 1000.00
City Philadelphia State PA Zip Code 19138	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Friends of Dwight Evans		Transaction ID: SB29.23918 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 19097		Amount of Each Disbursement this Period 1000.00
City Philadelphia State PA Zip Code 19138	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Friends of Ed Herman		Transaction ID: SB29.23939 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 19885 Detroit Road #299		Amount of Each Disbursement this Period 250.00
City Rocky River State OH Zip Code 44116	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
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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<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 Tom Patton		Transaction ID: SB29.23917 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 17157 Rabbit Run Drive		Amount of Each Disbursement this Period 1000.00
City Strongsville State OH Zip Code 44136	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Hartmann for Ohio		Transaction ID: SB29.23944 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 41 South High Street 29th Floor		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. House Republican Campaign Committee		Transaction ID: SB29.23912 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 15035		Amount of Each Disbursement this Period 1000.00
City Lansing State MI Zip Code 48901	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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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<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. Ken Pruitt Campaign Fund		Transaction ID: SB29.23946 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 9503		Amount of Each Disbursement this Period 500.00
City Port St. Lucie State FL Zip Code 34985	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Michael Steele for Maryland, Inc.		Transaction ID: SB29.23906 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 150 South Street Suite 100		Amount of Each Disbursement this Period 1000.00
City Annapolis State MD Zip Code 21401	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ohioans for Justice O'Donnell		Transaction ID: SB29.23909 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 500 South Front Street Suite 700		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Seitz for State Representative

Mailing Address 4401 Abby Court

City Cincinnati State OH Zip Code 45248

Purpose of Disbursement Contribution
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB29.23915

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Teresa Fedor for Senate Committee

Mailing Address 2054 Belvedere Drive

City Toledo State OH Zip Code 43614

Purpose of Disbursement Contribution
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB29.23938

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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