

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HCR MANOR CARE PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		17327.88
(b) Cash on Hand at Beginning of Reporting Period.....	10421.59	
(c) Total Receipts (from Line 19)	11504.34	170121.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	21925.93	187449.37
7. Total Disbursements (from Line 31).....	19604.00	185127.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2321.93	2321.93
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 / D D / Y Y Y Y 10 / 01 / 2012 To: M M / D D / Y Y Y Y 10 / 17 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10799.47	136823.93
(ii) Unitemized	704.87	33291.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11504.34	170115.60
(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)	11504.34	170115.60
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.).....	0.00	5.89
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11504.34	170121.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11504.34	170121.49

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	104.00	327.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	104.00	327.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	148500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	36300.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19604.00	185127.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19604.00	185127.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11504.34	170115.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11504.34	170115.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	104.00	327.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	104.00	327.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Charlean Adams
Full Name (Last, First, Middle Initial)
Mailing Address 219 Evergreen Ln
City Twin Lakes State WI Zip Code 53181
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation Administrator
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **847.25**

Date of Receipt **10 / 17 / 2012**
Transaction ID : SA11AI.35999
Amount of Each Receipt this Period **66.30**
Contribution

B. Kelly R Adler
Full Name (Last, First, Middle Initial)
Mailing Address 14929 Sandstone Place
City Grand Haven State MI Zip Code 49417
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Occupation Administrator
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **368.06**

Date of Receipt **10 / 17 / 2012**
Transaction ID : SA11AI.36000
Amount of Each Receipt this Period **33.46**
Contribution

C. Martin D Allen
Full Name (Last, First, Middle Initial)
Mailing Address 7151 Whispering Oak
City Sylvania State OH Zip Code 43560
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Inc. Occupation AVP / Dir Internal Aud & Risk
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **3653.83**

Date of Receipt **10 / 17 / 2012**
Transaction ID : SA11AI.36002
Amount of Each Receipt this Period **192.31**
Contribution

SUBTOTAL of Receipts This Page (optional)..... **292.07**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

A. Jeffrey R Amann
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 Newton Ave. South
 City Minneapolis State MN Zip Code 55419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Regional Director of Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 824.98

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36003
 Amount of Each Receipt this Period 63.46
 Contribution

B. Sandy K Annesser
 Full Name (Last, First, Middle Initial)
 Mailing Address 808 Continental
 City Waterville State OH Zip Code 43566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare, Inc. Occupation CBO Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 424.41

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36004
 Amount of Each Receipt this Period 19.23
 Contribution

C. Michael Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 N. Remington Rd.
 City Bexley State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 433.92

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36005
 Amount of Each Receipt this Period 23.08
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	105.77
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 5184 N Quail Crest Dr

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation
HCR Manor Care Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
302.82

Date of Receipt
 / /
 10 / 17 / 2012
Transaction ID : SA11AI.36007

Amount of Each Receipt this Period
 21.63

Contribution

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

Mailing Address 4230 Durado Court

City State Zip Code
Placerville CA 95667

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

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
 / /
 10 / 17 / 2012
Transaction ID : SA11AI.36008

Amount of Each Receipt this Period
 20.00

Contribution

Full Name (Last, First, Middle Initial)
C. Paul J Barber

Mailing Address 6240 N. Broadway

City State Zip Code
Freeport MI 49325

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

Name of Employer Occupation
HCR ManorCare, Inc. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.38

Date of Receipt
 / /
 10 / 17 / 2012
Transaction ID : SA11AI.36009

Amount of Each Receipt this Period
 37.17

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 55
	<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	<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 Tammy Barker		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36010
Mailing Address 4521 Sutton Rd		Amount of Each Receipt this Period 53.85
City Britton	State MI	Zip Code 49229
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer HCR Manor Care, LLC.	Occupation AVP - Quality Support Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1128.81	

Full Name (Last, First, Middle Initial) B. Susan L. Barnosky		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36011
Mailing Address 3243 Arbor Lane		Amount of Each Receipt this Period 38.00
City Hamilton	State MI	Zip Code 49419
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

Full Name (Last, First, Middle Initial) C. L Jennifer Baron		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36012
Mailing Address 557 Jefferson St.		Amount of Each Receipt this Period 10.00
City Pittsburgh	State PA	Zip Code 15237
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer HCR Manor Care, Inc	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

SUBTOTAL of Receipts This Page (optional).....▶	101.85
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Joseph Barrick
Full Name (Last, First, Middle Initial)

Mailing Address 448 Woodcrest Drive

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **588.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36013

Amount of Each Receipt this Period
 28.18

Contribution

B. Kimberley K Bassett
Full Name (Last, First, Middle Initial)

Mailing Address 208 E. Scott

City Tuscola State IL Zip Code 61953

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

Name of Employer HCR ManorCare Occupation Director of Quality Improvement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36014

Amount of Each Receipt this Period
 43.93

Contribution

C. Lynne M Bauerschmidt
Full Name (Last, First, Middle Initial)

Mailing Address 7060 Middlebury

City Lambertville State MI Zip Code 48144

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

Name of Employer HCR ManorCare Inc. Occupation Internal Training Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36016

Amount of Each Receipt this Period
 30.00

Contributions

SUBTOTAL of Receipts This Page (optional)..... ▶ **102.11**

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

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

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

FOR LINE NUMBER: PAGE 11 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Ms Julie Beckert
 Mailing Address 3911 Buell
 City Toledo State OH Zip Code 43613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Director of Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36017
 Amount of Each Receipt this Period 60.00
 Contribution

Full Name (Last, First, Middle Initial)
B. James R Bolton
 Mailing Address 2209 Bayward Blvd
 City Wilmington State DE Zip Code 19802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 594.25

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36018
 Amount of Each Receipt this Period 55.50
 Contribution

Full Name (Last, First, Middle Initial)
C. Michelle Boyle-Haughney
 Mailing Address 1008 Sparrow Way
 City Breiningsville State PA Zip Code 18031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.99

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36020
 Amount of Each Receipt this Period 15.19
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.69
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Cheryl Q Bray

Mailing Address N 2299 Valley View Rd

City State Zip Code
Norway MI 49870

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

Name of Employer Occupation
HCR ManorCare Inc. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 / /
 10 / 17 / 2012
Transaction ID : SA11AI.36021

Amount of Each Receipt this Period
 20.00

Contribution

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

Mailing Address 425 Kingwood Rd

City State Zip Code
Linthicum Heights MD 21090

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

Name of Employer Occupation
HCR ManorCare Inc. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
686.48

Date of Receipt
 / /
 10 / 17 / 2012
Transaction ID : SA11AI.36022

Amount of Each Receipt this Period
 50.00

Contribution

Full Name (Last, First, Middle Initial)
C. Charlotte Butts Price Leonard

Mailing Address 911 Fieldstone Way

City State Zip Code
West Palm Beach FL 33413

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

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.30

Date of Receipt
 / /
 10 / 17 / 2012
Transaction ID : SA11AI.36025

Amount of Each Receipt this Period
 29.49

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 99.49

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Charlie Byrne

Mailing Address 4685 Rio Poco Ct

City Naples State FL Zip Code 34109

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

Name of Employer HCR. Manor Care, Inc Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : **SA11AI.36026**

Amount of Each Receipt this Period
40.00

Contribution

Full Name (Last, First, Middle Initial)
B. Shirley D Cabildo

Mailing Address 38 Bentley Court

City Bedminster State NJ Zip Code 07921

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **479.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : **SA11AI.36030**

Amount of Each Receipt this Period
19.23

Contribution

Full Name (Last, First, Middle Initial)
C. Steven M Cavanaugh

Mailing Address 9036 Sand Ridge Drive

City Holland State OH Zip Code 43528

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

Name of Employer HCR ManorCare Inc. Occupation VP, Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : **SA11AI.35992**

Amount of Each Receipt this Period
5000.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... **5059.23**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 3077 N. Oakland Forest Dr. #202

City	State	Zip Code
Oakland Park	FL	33309

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

Name of Employer	Occupation
HCR ManorCare Inc.	Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **485.78**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : SA11AI.36032

Amount of Each Receipt this Period

40.00

Contribution

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

Mailing Address 1129 West Hunter

City	State	Zip Code
Nevada	MO	64772

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

Name of Employer	Occupation
HCR Manor Care, Inc.	Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : SA11AI.36035

Amount of Each Receipt this Period

50.00

Contribution

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

Mailing Address 31524 Delaware

City	State	Zip Code
Livonia	MI	48150

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

Name of Employer	Occupation
HCR. Manor Care, Inc	Manager of Market Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : SA11AI.36036

Amount of Each Receipt this Period

35.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Ms Deborah Csaszar
Full Name (Last, First, Middle Initial)
Mailing Address 3715 Spear St.
City Bethlehem State PA Zip Code 18020
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation Managed Care Consultant - Eastern
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : SA11AI.36037
Amount of Each Receipt this Period **100.00**
Contribution

B. David K Donin
Full Name (Last, First, Middle Initial)
Mailing Address 11608 Everglade Court
City North Potomac State MD Zip Code 20878
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **379.61**

Date of Receipt **10 / 17 / 2012**
Transaction ID : SA11AI.36042
Amount of Each Receipt this Period **38.46**
Contribution

C. Linda J Emmett
Full Name (Last, First, Middle Initial)
Mailing Address 10408 Meadowlark Ct. East
City Bonney Lake State WA Zip Code 98391
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Inc. Occupation Regional Director of Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **770.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : SA11AI.36044
Amount of Each Receipt this Period **40.00**
Contribution

SUBTOTAL of Receipts This Page (optional)..... **88.46**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 24013 22nd Ave West

City Bothell State WA Zip Code 98021

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

Name of Employer HCR Manor Care Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36045

Amount of Each Receipt this Period 50.00

Contribution

B. R Michael Ferguson
Full Name (Last, First, Middle Initial)

Mailing Address 2450 Underhill Rd

City Toledo State OH Zip Code 43615

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

Name of Employer HCR ManorCare Inc. Occupation VP & Dir of Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2918.76

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36046

Amount of Each Receipt this Period 192.00

Contribution

C. Suzanne L Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 1504 Old Bernville Road

City Leesport State PA Zip Code 19533

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36048

Amount of Each Receipt this Period 10.00

Contributions

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.00

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

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Joyce Fox

Mailing Address 37107 Sugar Mill Way

City Selbyville	State DE	Zip Code 19975
--------------------	-------------	-------------------

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

Name of Employer HCR Manor Care	Occupation Administrator
------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2012

Transaction ID : SA11AI.36052

Amount of Each Receipt this Period
20.00

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

Mailing Address 428 Bryant Dr

City Pittsburgh	State PA	Zip Code 15235
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2012

Transaction ID : SA11AI.36053

Amount of Each Receipt this Period
20.00

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

Mailing Address 2006 Hale Ct

City Wyomiseing	State PA	Zip Code 19610
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
508.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2012

Transaction ID : SA11AI.36054

Amount of Each Receipt this Period
24.32

SUBTOTAL of Receipts This Page (optional).....▶	64.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Pamela L Fuess		Date of Receipt
Mailing Address 6590 Spring Meadows Dr.		M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
City	State	Zip Code
Greenacres	FL	33413
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.36055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		92.69
Name of Employer	Occupation	
HCR ManorCare Inc.	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		210.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Sally Gates		Date of Receipt
Mailing Address 2011 20th Lane		M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
City	State	Zip Code
Palm Beach Gardens	FL	33418
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.36057
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		25.00
Name of Employer	Occupation	
HCR ManorCare, Inc.	Regional Director of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		490.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Leonard Grabijas		Date of Receipt
Mailing Address 2682 Ravine Side North		M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
City	State	Zip Code
Howell	MI	48843
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.36062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		57.69
Name of Employer	Occupation	
HCR Manor Care, LLC.	VP Sales & Mktng	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		946.11
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	92.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Ruth G Graziano
Full Name (Last, First, Middle Initial)

Mailing Address 503 Elk Mills Road

City Oxford State PA Zip Code 19363

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1561.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36063

Amount of Each Receipt this Period
61.54

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

Mailing Address 3808 Parkridge Circle

City Sarasota State FL Zip Code 34243

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **329.94**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36064

Amount of Each Receipt this Period
50.76

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

Mailing Address 12125 Summerwood Dr

City Concord Twp State OH Zip Code 44077

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

Name of Employer HCR Manor Care, LLC. Occupation Assistant Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36065

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **122.30**

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

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

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

FOR LINE NUMBER: PAGE 20 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Jill L Hale
 Full Name (Last, First, Middle Initial)
 Mailing Address 366 Burlington Rd
 City Jackson State OH Zip Code 45640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36067
 Amount of Each Receipt this Period 25.00

B. Ms Gayla M Haley
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 County Rd
 City Tenaha State TX Zip Code 75974
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare, LLC Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 594.24

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36068
 Amount of Each Receipt this Period 54.40

C. Karen Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 8250 SW 8th St
 City North Lauderdale State FL Zip Code 33068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation Assistant Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 611.38

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36070
 Amount of Each Receipt this Period 29.11

SUBTOTAL of Receipts This Page (optional).....▶ 108.51
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 9496 South Dunbar Circle

City South Jordan	State UT	Zip Code 84095
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1635.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : SA11AI.36071

Amount of Each Receipt this Period
100.00

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

Mailing Address 6752 Sheppard Road

City Adrian	State MI	Zip Code 49221
----------------	-------------	-------------------

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

Name of Employer HCR ManorCare	Occupation Admin Dir Of Nursing Services
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : SA11AI.36072

Amount of Each Receipt this Period
17.31

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

Mailing Address 23636 W. Chicago St. Unit 102

City Plainfield	State IL	Zip Code 60544
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
746.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : SA11AI.36074

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional).....▶	158.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 55
	<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	<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 M Hock		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36076
Mailing Address 8054 Tillicum Grove North		Amount of Each Receipt this Period 57.69
City Rockford	State MI	Zip Code 49341
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

Full Name (Last, First, Middle Initial) B. Rodger J Hogan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36079
Mailing Address 101 Mercury Way		Amount of Each Receipt this Period 20.00
City Pleasant Hill	State CA	Zip Code 94523
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manor Care Inc	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Rebecca Hollingsead		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36080
Mailing Address 558 N Hillcrest		Amount of Each Receipt this Period 40.60
City Decatur	State IL	Zip Code 62522
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manor Care	Occupation Director Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 852.67	

SUBTOTAL of Receipts This Page (optional).....▶	118.29
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

A. Sharon R Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 3207 N. 27th St.
 City Tacoma State WA Zip Code 98407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Administrator in Training
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **440.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36081
 Amount of Each Receipt this Period
400.00

B. Kathryn Hoops
 Full Name (Last, First, Middle Initial)
 Mailing Address 24708 McCutchenville Road
 City Perrysburg State OH Zip Code 43551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare, Inc. Occupation VP of Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2520.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36082
 Amount of Each Receipt this Period
210.00

C. Ms Kate Gieroczynski Huck
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Washington St
 City Topton State PA Zip Code 19562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare, LLC Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **448.21**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36084
 Amount of Each Receipt this Period
21.63

SUBTOTAL of Receipts This Page (optional).....▶	271.63
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Robert G Julius
Full Name (Last, First, Middle Initial)
Mailing Address 3321 Pelham Rd
City Ottawa Hills State OH Zip Code 43606
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation Mgr. Business Office Process Dev.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **823.22**

Date of Receipt **10 / 17 / 2012**
Transaction ID : SA11AI.36091
Amount of Each Receipt this Period **44.23**

B. Lisa J. Jurski
Full Name (Last, First, Middle Initial)
Mailing Address 1934 Delence Street
City Toledo State OH Zip Code 43605
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare, Inc. Occupation Director - Workers Comp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : SA11AI.36092
Amount of Each Receipt this Period **30.00**

C. Linda Karling-Lott
Full Name (Last, First, Middle Initial)
Mailing Address 4361 Conrwallis Ct
City Marietta State GA Zip Code 30068
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **565.50**

Date of Receipt **10 / 17 / 2012**
Transaction ID : SA11AI.36093
Amount of Each Receipt this Period **68.00**

SUBTOTAL of Receipts This Page (optional)..... **142.23**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mrs. Kathy Karr
Full Name (Last, First, Middle Initial)

Mailing Address 11977 Babbling Brook Rd

City Noblesville State IN Zip Code 46060

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

Name of Employer HCR Manor Care Inc. Occupation Senior Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt
10 / 17 / 2012
Transaction ID : SA11AI.36096

Amount of Each Receipt this Period
50.00

B. Rodney S Keefer
Full Name (Last, First, Middle Initial)

Mailing Address 15126 Ridgeview Dr

City Clive State IA Zip Code 50325

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

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
10 / 17 / 2012
Transaction ID : SA11AI.36099

Amount of Each Receipt this Period
20.00

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

Mailing Address 2013 Orchard Rd

City Toledo State OH Zip Code 43606

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt
10 / 17 / 2012
Transaction ID : SA11AI.36100

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 4254 Waterbend Drive West

City Maumee	State OH	Zip Code 43537
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **562.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : SA11AI.36101

Amount of Each Receipt this Period

87.50

Full Name (Last, First, Middle Initial)
B. Kathryn C Kondolf-Harmer

Mailing Address 6421 Crews Lake Hills Loop West

City Lakeland	State FL	Zip Code 33813
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : SA11AI.36107

Amount of Each Receipt this Period

40.00

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

Mailing Address 26215 Black Oak Ct

City Perrysburg	State OH	Zip Code 43551
--------------------	-------------	-------------------

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

Name of Employer HCR ManorCare	Occupation Accounting Manager
-----------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : SA11AI.36109

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	87.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Betty Kutner
Full Name (Last, First, Middle Initial)

Mailing Address 3006 Wild Run Road

City Pennsburg State PA Zip Code 18073

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11AI.36111

Amount of Each Receipt this Period
10.00

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

Mailing Address 207 S. Ann Arbor St.

City Saline State MI Zip Code 48176

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **292.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11AI.36112

Amount of Each Receipt this Period
19.23

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

Mailing Address 1425 Cody Parkway Apt. D

City Platteville State WI Zip Code 53818

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11AI.36114

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **49.23**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address PO Box 152

City Decatur State MI Zip Code 49045

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

Name of Employer HCR Manor Care, LLC. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36115

Amount of Each Receipt this Period
20.00

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

Mailing Address 1830 Essex Pl

City Downers Grove State IL Zip Code 60516

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36116

Amount of Each Receipt this Period
30.00

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

Mailing Address 1125 Windmill Way North

City Avon State OH Zip Code 44011

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

Name of Employer HCR ManorCare Occupation Admissions Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **218.26**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36218

Amount of Each Receipt this Period
10.39

SUBTOTAL of Receipts This Page (optional)..... ▶ **60.39**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 55
	<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	<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 Mason		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36121
Mailing Address 3126 Diehn Ave		Amount of Each Receipt this Period 85.00
City Davenport	State IA	Zip Code 52802
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manor Care, Inc.	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) B. Nancy Mason		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36122
Mailing Address 56 Holden Dr		Amount of Each Receipt this Period 50.00
City Martinsburg	State WV	Zip Code 25401
FEC ID number of contributing federal political committee. C		
Name of Employer HCR. Manor Care, Inc	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) C. Frederick Massoll		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36123
Mailing Address 2031 Raby Rd		Amount of Each Receipt this Period 15.00
City Haslett	State MI	Zip Code 48840
FEC ID number of contributing federal political committee. C		
Name of Employer HCR. Manor Care, Inc	Occupation Administartor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Frances Mastel
Full Name (Last, First, Middle Initial)

Mailing Address 1807 Derian Drive

City Aberdeen State SD Zip Code 57401

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

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36219

Amount of Each Receipt this Period
20.00

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

Mailing Address 266 Crossing Creek North

City Gahanna State OH Zip Code 43230

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1078.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36124

Amount of Each Receipt this Period
77.00

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

Mailing Address 312 N. Franklin St

City Fleetwood State PA Zip Code 19522

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **538.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36125

Amount of Each Receipt this Period
28.54

SUBTOTAL of Receipts This Page (optional)..... **125.54**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Patricia McCormick		Date of Receipt 10 / 17 / 2012 Transaction ID : SA11AI.36127
Mailing Address 113 Holly Lane		Amount of Each Receipt this Period 36.00
City Perrysburg	State OH	Zip Code 43551
FEC ID number of contributing federal political committee. C	Name of Employer HCR Manor Care, Inc	
Occupation Legal Counsel		Aggregate Year-to-Date 504.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Laurie A McCullough-Benner		Date of Receipt 10 / 17 / 2012 Transaction ID : SA11AI.36128
Mailing Address 371 Colonial Lane		Amount of Each Receipt this Period 62.00
City Dayton	State OH	Zip Code 45429
FEC ID number of contributing federal political committee. C	Name of Employer HCR ManorCare	
Occupation Regional Director of Operations		Aggregate Year-to-Date 620.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nicole McMonigle		Date of Receipt 10 / 17 / 2012 Transaction ID : SA11AI.36129
Mailing Address 739 N Oakland St #5		Amount of Each Receipt this Period 26.92
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C	Name of Employer HCR ManorCare	
Occupation Marketing Director		Aggregate Year-to-Date 201.90
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	124.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 55
	<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	<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 Mercier		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36131
Mailing Address 7110 Oak Bluff Lane		Amount of Each Receipt this Period 192.30
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. C	Name of Employer HCR Manor Care, Inc.	Occupation VP - Information Systems
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2884.53	

Full Name (Last, First, Middle Initial) B. Stacy H Mesaros		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36138
Mailing Address 1304 234th Pl		Amount of Each Receipt this Period 15.00
City Des Moines	State WA	Zip Code 98198
FEC ID number of contributing federal political committee. C	Name of Employer HCR ManorCare Inc.	Occupation Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.28	

Full Name (Last, First, Middle Initial) C. Debra Miles		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36133
Mailing Address 7448 Hickory Valley Drive		Amount of Each Receipt this Period 45.00
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. C	Name of Employer HCR ManorCare Inc.	Occupation AVP & Director of Accounting
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

SUBTOTAL of Receipts This Page (optional).....▶	252.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 198 Old Mill Drive

City Langhorne State PA Zip Code 19047

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

Name of Employer HCR ManorCare Inc. Occupation Sr Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1086.15**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36135

Amount of Each Receipt this Period
52.00

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

Mailing Address 24927 Prairie Crossing

City Perrysburg State OH Zip Code 43551

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **530.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36140

Amount of Each Receipt this Period
25.00

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

Mailing Address 15985 Voyageurs Place

City West Palm Beach State FL Zip Code 33414

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36141

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **115.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Kristin R Nesser		Date of Receipt 10 / 17 / 2012 Transaction ID : SA11AI.36143
Mailing Address 3117 Yale Blvd.		Amount of Each Receipt this Period 20.00
City St. Charles	State MT	Zip Code 63301
FEC ID number of contributing federal political committee. C	Name of Employer HCR ManorCare	Occupation Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Linda Neumann		Date of Receipt 10 / 17 / 2012 Transaction ID : SA11AI.36144
Mailing Address 28 Roslyn Road		Amount of Each Receipt this Period 134.62
City Grosse Pointe Shor	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C	Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1961.64	

Full Name (Last, First, Middle Initial) C. Stacy Nies		Date of Receipt 10 / 17 / 2012 Transaction ID : SA11AI.36146
Mailing Address 178 Pheasant Drive		Amount of Each Receipt this Period 20.00
City Fond du Lac	State WI	Zip Code 54935
FEC ID number of contributing federal political committee. C	Name of Employer HCR Manor Care, Inc.	Occupation Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional).....▶	174.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Nashika T O'Gilvie
Full Name (Last, First, Middle Initial)

Mailing Address 1823 N. Congress Ave

City State Zip Code
West Palm Beach FL 33401

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

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.07

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : SA11AI.36150

Amount of Each Receipt this Period
24.37

B. Eric O'Neill
Full Name (Last, First, Middle Initial)

Mailing Address 4009 East Braeburn Dr

City State Zip Code
Appleton WI 54913

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

Name of Employer Occupation
HCR ManorCare Regional Director of Operation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
928.83

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : SA11AI.36152

Amount of Each Receipt this Period
44.23

C. Ms Olivia O'Nest
Full Name (Last, First, Middle Initial)

Mailing Address 191 Foxhill Ln

City State Zip Code
Perrysburg OH 43551

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

Name of Employer Occupation
HCR Manor Care, LLC. DDOS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.46

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : SA11AI.36153

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 55
	<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	<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 Leslie Ohm		Date of Receipt 10 / 17 / 2012 Transaction ID : SA11AI.36151
Mailing Address 12331 South 71st Avenue		Amount of Each Receipt this Period 58.00
City Palos Heights	State IL	Zip Code 60463
FEC ID number of contributing federal political committee. C	Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1188.00	

Full Name (Last, First, Middle Initial) B. Ms. Annette Orlowski		Date of Receipt 10 / 17 / 2012 Transaction ID : SA11AI.36154
Mailing Address 2664 Heytman Dr		Amount of Each Receipt this Period 62.00
City Lansing	State IA	Zip Code 52151
FEC ID number of contributing federal political committee. C	Name of Employer HCR.ManorCare, Inc.	Occupation Director, Clinical Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1339.66	

Full Name (Last, First, Middle Initial) C. Richard A Parr II		Date of Receipt 10 / 17 / 2012 Transaction ID : SA11AI.36156
Mailing Address 2253 Gray Fox Court		Amount of Each Receipt this Period 192.00
City Ann Arbor	State MI	Zip Code 48103
FEC ID number of contributing federal political committee. C	Name of Employer HCR Manor Care, Inc.	Occupation VP - General Counsel & Secretary
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4032.00	

SUBTOTAL of Receipts This Page (optional).....▶	312.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Tracy L Peterson

Mailing Address 6865 Poplar Drive

City Ypsilanti State MI Zip Code 48197

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36220

Amount of Each Receipt this Period
21.05

Full Name (Last, First, Middle Initial)
B. Alyssa N Pischel

Mailing Address 55 S. Bear Lake Rd.

City N. Muskegon State MI Zip Code 49445

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36158

Amount of Each Receipt this Period
21.95

Full Name (Last, First, Middle Initial)
C. Clifton J Porter II

Mailing Address 3929 Azalea Circle

City Maumee State OH Zip Code 43537

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

Name of Employer HCR ManorCare Inc. Occupation AVP^ Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1892.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36159

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **143.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Douglas M Postlewait
 Full Name (Last, First, Middle Initial)
 Mailing Address 656 Wilson Ave SW
 City Grand Rapids State MI Zip Code 49534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 521.64

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36160
 Amount of Each Receipt this Period 37.26

B. Mr. Stewart Reed
 Full Name (Last, First, Middle Initial)
 Mailing Address 402 Wesley Dr
 City Salisbury State NC Zip Code 28146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, LLC. Occupation RDO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 589.33

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36161
 Amount of Each Receipt this Period 38.25

C. Barbara Reigel
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Center Street
 City Bridgeport State PA Zip Code 19405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Mobile ADNS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.51

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.36162
 Amount of Each Receipt this Period 18.41

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.92
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

A. Margaret A Reitmeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Gregory Drive
 City Kenil State NJ Zip Code 07847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Regional Director of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **779.97**

Date of Receipt **10 / 17 / 2012**
Transaction ID : SA11AI.36163
 Amount of Each Receipt this Period **37.27**

B. Patricia B Richards
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 754
 City Shady Spring State WV Zip Code 25918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Area Human Resource Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **553.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : SA11AI.36164
 Amount of Each Receipt this Period **34.50**

C. Damian M Rodgers
 Full Name (Last, First, Middle Initial)
 Mailing Address 4647 Calico Court
 City Monclova State OH Zip Code 43542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Legal Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **378.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : SA11AI.36167
 Amount of Each Receipt this Period **42.00**

SUBTOTAL of Receipts This Page (optional).....▶	113.77
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Cindy A Rogowski
Full Name (Last, First, Middle Initial)

Mailing Address 6050 Helen

City Garden City State MI Zip Code 48135

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36169

Amount of Each Receipt this Period
400.00

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

Mailing Address 5257 Bentwood Drive

City Mason State OH Zip Code 45040

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

Name of Employer HCR ManorCare Inc. Occupation Director Of Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1014.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36170

Amount of Each Receipt this Period
51.00

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

Mailing Address 2423 Heather Glen

City Maumee State OH Zip Code 43537

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

Name of Employer HCR.ManorCare, Inc. Occupation Director of Corporate Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1072.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36171

Amount of Each Receipt this Period
56.75

SUBTOTAL of Receipts This Page (optional).....▶	147.75
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 41 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Mary Jane Ruppert

Mailing Address 603 North Blackhoof St.

City State Zip Code
Wapakoneta OH 45895

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

Name of Employer Occupation
HCR ManorCare Sr Dir 4H Compliance and Edu

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36173

Amount of Each Receipt this Period
40.80

Full Name (Last, First, Middle Initial)
B. Angela G Russo

Mailing Address 4950 Cypress Pike Circle
Unit 101

City State Zip Code
Virginia Beach VA 23455

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

Name of Employer Occupation
HCR Manor Care, Inc. Gen Mgr Central Div 4H

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1335.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36174

Amount of Each Receipt this Period
63.24

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

Mailing Address 2432 21st Street

City State Zip Code
Wyandotte MI 48192

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

Name of Employer Occupation
HCR ManorCare Regional Director of Operation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
558.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36177

Amount of Each Receipt this Period
33.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 137.87

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial) A. Mr. Mark Schroepfer		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36178
Mailing Address 2328 Bonnie Brae		Amount of Each Receipt this Period 88.75
City Santa Ana	State CA	Zip Code 92706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer HCR.ManorCare, Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Mr. Edward Schuch		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36179
Mailing Address 304 Adriana Court		Amount of Each Receipt this Period 27.21
City Northhampton	State PA	Zip Code 18067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.21
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.94	

Full Name (Last, First, Middle Initial) C. James Seiwert		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36181
Mailing Address 5 Zachary Circle		Amount of Each Receipt this Period 11.54
City Waterville	State OH	Zip Code 43566
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.54
Name of Employer HCR ManorCare	Occupation Business Office Proc Special	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.62	

SUBTOTAL of Receipts This Page (optional).....▶	88.75
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 8968 Weddel

City Taylor State MI Zip Code 48180

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

Name of Employer HCR.ManorCare, Inc. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : SA11AI.36182

Amount of Each Receipt this Period **200.00**

B. Ms Joyce Louise Smith
Full Name (Last, First, Middle Initial)

Mailing Address 3521 Cedar Creek Court

City Maumee State OH Zip Code 43537

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

Name of Employer HCR.ManorCare, Inc. Occupation Vice President, Director Clinical Serv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2045.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : SA11AI.36183

Amount of Each Receipt this Period **108.00**

C. David W Snyder Jr
Full Name (Last, First, Middle Initial)

Mailing Address 3117 Terry Dr. SE

City Cedar Rapids State IA Zip Code 52403

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : SA11AI.36184

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **158.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Melissa Sorensen
Full Name (Last, First, Middle Initial)

Mailing Address 816 Lake Shore Terrace

City Interlachen State FL Zip Code 32148

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

Name of Employer HCR ManorCare Occupation Director Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36185

Amount of Each Receipt this Period
 100.00

B. Jeffrey J Stepanski
Full Name (Last, First, Middle Initial)

Mailing Address 120 Heidi Circle

City Carson City State NV Zip Code 89701

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 456.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36187

Amount of Each Receipt this Period
 65.18

c. Mr. Alan Stewart
Full Name (Last, First, Middle Initial)

Mailing Address 571 Dorado Dr

City Fairborn State OH Zip Code 45324

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

Name of Employer HCR Manor Care, LLC. Occupation Employee Relations Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36188

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	185.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Jane L Stilwell

Mailing Address 2351 S. Rogers

City Springfield State MO Zip Code 65804

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11AI.36189

Amount of Each Receipt this Period
50.00

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

Mailing Address 3 Lynnefield Court

City Medford State NJ Zip Code 08055

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **317.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11AI.36190

Amount of Each Receipt this Period
30.00

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

Mailing Address 119 East Manor Dr.

City Lititz State PA Zip Code 17543

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

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11AI.36191

Amount of Each Receipt this Period
22.21

SUBTOTAL of Receipts This Page (optional)..... ▶ **102.21**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 55
<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. Colette Storck		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36192
Mailing Address 28490 Wynikako Ave		Amount of Each Receipt this Period 60.00
City Millsboro	State DE	Zip Code 19966
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manor Care, LLC.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) B. Ms Denise Summers		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36193
Mailing Address 17262 Boca Club Blvd #2404		Amount of Each Receipt this Period 5.00
City Boca Raton	State FL	Zip Code 33487
FEC ID number of contributing federal political committee. C		
Name of Employer HCR ManorCare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.72	

Full Name (Last, First, Middle Initial) C. Evelyn Tagudtud		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36194
Mailing Address 9177 Sweet Berry Court		Amount of Each Receipt this Period 37.78
City Jacksonville	State FL	Zip Code 32256
FEC ID number of contributing federal political committee. C		
Name of Employer HCR Manor Care, Inc.	Occupation Admin Director of Nursing Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.46	

SUBTOTAL of Receipts This Page (optional).....▶	102.78
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 55
	<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	<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. Eric Talbert		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36195
Mailing Address 7231 Stonewater Ct		Amount of Each Receipt this Period 20.00
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. C	Name of Employer HCR Manor Care, Inc.	Occupation Div. Director of Operations Support
Receipt For: <input 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. Aimee Mitchell Talbot		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36196
Mailing Address 6900 Stanfield Rd SE		Amount of Each Receipt this Period 40.00
City Lacey	State WA	Zip Code 98503
FEC ID number of contributing federal political committee. C	Name of Employer HCR ManorCare	Occupation Admin Dir Of Nursing Services
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. Cyndi K Taplin		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.36198
Mailing Address 5023 W. 59th St		Amount of Each Receipt this Period 76.92
City Davenport	State IA	Zip Code 52806
FEC ID number of contributing federal political committee. C	Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1496.88	

SUBTOTAL of Receipts This Page (optional).....▶	136.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Lauren Thomson

Mailing Address 215 Bank St

City East Greenville State PA Zip Code 18041

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

Name of Employer HCR ManorCare Occupation Admin Dir Of Nursing Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **324.38**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36201

Amount of Each Receipt this Period
15.77

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

Mailing Address 6519 Chatham Circle

City Rochester Hills State MI Zip Code 48306

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1521.31**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36204

Amount of Each Receipt this Period
73.09

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

Mailing Address 12 Arapaho

City Shawnee State OK Zip Code 74801

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

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.48**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36206

Amount of Each Receipt this Period
27.88

SUBTOTAL of Receipts This Page (optional)..... ▶ **116.74**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 55
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Toni Y Williams
Full Name (Last, First, Middle Initial)

Mailing Address 141 Boiling Spring Cir

City Southern Pines State NC Zip Code 28387

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : SA11AI.36208

Amount of Each Receipt this Period **200.00**

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

Mailing Address 7822 NE 24th Ct.

City Vancouver State WA Zip Code 98665

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **673.48**

Date of Receipt **10 / 17 / 2012**

Transaction ID : SA11AI.36210

Amount of Each Receipt this Period **60.58**

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

Mailing Address 249 E Pearl St

City Findlay State OH Zip Code 45840

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

Name of Employer HCR ManorCare Inc. Occupation Sr Reimbursement Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **434.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : SA11AI.36211

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **105.58**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City Toledo State OH Zip Code 43613

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

Name of Employer HCR ManorCare Inc. Occupation Senior Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1073.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36212

Amount of Each Receipt this Period
57.69

Full Name (Last, First, Middle Initial)
B. Daniel A Zawadzki

Mailing Address 18910 Mallard Cove

City Middleburg Heights State OH Zip Code 44130

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

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.36213

Amount of Each Receipt this Period
20.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	77.69
TOTAL This Period (last page this line number only).....▶	10799.47

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.36222**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. BENISHEK FOR CONGRESS, INC.

Mailing Address PO BOX 108

City State Zip Code
GLADSTONE MI 49837

Purpose of Disbursement
Contribution

012

Candidate Name

BENISHEK FOR CONGRESS, INC.

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : **SB23.35995**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement

012

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : **SB23.35998**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DR

City State Zip Code
WADSWORTH OH 44281

Purpose of Disbursement

012

Candidate Name

JIM RENACCI FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : **SB23.35988**

Amount of Each Disbursement this Period

2500.00

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. JON RUNYAN FOR CONGRESS, INC

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement

012

Candidate Name

JON RUNYAN FOR CONGRESS, INC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2012			

Transaction ID : SB23.35991

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. JOSH MANDEL SENATE VICTORY COMMITTEE

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
contribution requested 10-1-12

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2012			

Transaction ID : SB23.35952

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
contribution requested 10-1-12

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2012			

Transaction ID : SB23.35950

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
contribution requested 10-1-12

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SB23.35987

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PATRIOTS FOR PERRY

Mailing Address 130 ORE BANK ROAD

City DILLSBURG State PA Zip Code 17019

Purpose of Disbursement
General Election 2012

Candidate Name

PATRIOTS FOR PERRY

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 05 / 2012

Transaction ID : SB23.35984

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RIBBLE FOR CONGRESS

Mailing Address PO BOX 7200

City APPLETON State WI Zip Code 54912

Purpose of Disbursement

Candidate Name

RIBBLE FOR CONGRESS

Office Sought: House Senate President
State: WI District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 04 / 2012

Transaction ID : SB23.35983

Amount of Each Disbursement this Period

500.00

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)

<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. SCOTT BROWN FOR US SENATE COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

Mailing Address P.O. BOX 395

Transaction ID : SB23.35986

City WRENTHAM State MA Zip Code 02903

Amount of Each Disbursement this Period

3500.00

Purpose of Disbursement

012
Category/ Type

Candidate Name

SCOTT BROWN FOR US SENATE COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 00

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

3500.00

19500.00
