



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HCR Manor Care PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		31882.17
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	9961.12									
(c) Total Receipts (from Line 19) .....	6689.93	183146.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	16651.05	215028.61								
7. Total Disbursements (from Line 31) .....	11368.95	209746.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5282.10	5282.10								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
HCR Manor Care PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

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) .....	5700.08	143334.13
(ii) Unitemized .....	989.85	38655.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6689.93	181989.58
(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) .....	6689.93	181989.58
12. Transfers From Affiliated/Other Party Committees .....	0.00	629.73
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	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	27.13
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	6689.93	183146.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6689.93	183146.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	118.95	451.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	118.95	451.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	166400.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	-1250.00	42895.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11368.95	209746.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11368.95	209746.51

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	6689.93	181989.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6689.93	181989.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	118.95	451.51
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	118.95	451.51

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 58  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Charlean Adams

Mailing Address 3523 East Manitou Circle

City State Zip Code  
Muskegeon MI 49441

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 ▼ 861.30

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

**Transaction ID:** SA11AI.32749

Amount of Each Receipt this Period  
44.00

Bi-Weekly Payroll Deducti-  
on - 44

**B.**

Full Name (Last, First, Middle Initial)  
Martin D Allen

Mailing Address 7151 Whispering Oak

City State Zip Code  
Sylvania OH 43560

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

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

**Transaction ID:** SA11AI.32751

Amount of Each Receipt this Period  
75.00

Bi-Weekly Payroll Deducti-  
on - 75

**C.**

Full Name (Last, First, Middle Initial)  
Michael Armstrong

Mailing Address 115 N. Remington Rd.

City State Zip Code  
Bexley OH 43209

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

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

**Transaction ID:** SA11AI.32753

Amount of Each Receipt this Period  
24.90

Bi-Weekly Payroll Deducti-  
on - 24.90

**SUBTOTAL** of Receipts This Page (optional) ..... ► **143.90**

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah A Arrendale		Date of Receipt
	Mailing Address 7100 Sunshine Skyway Lane South #401		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	St. Petersburg	FL	33711
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.32754
Name of Employer HCR ManorCare, Inc.		Occupation 4H East Div. General Mgr.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="61.32"/>
		<input type="text" value="1395.17"/>	Bi-Weekly Payroll Deduction - 61.32

<b>B.</b>	Full Name (Last, First, Middle Initial) Matthew Baad		Date of Receipt
	Mailing Address 528 Bonnie Circle		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Howell	MI	48843
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.32755
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="12.00"/>
		<input type="text" value="240.00"/>	Bi-Weekly Payroll Deduction - 5

<b>C.</b>	Full Name (Last, First, Middle Initial) Terri Ballesteros		Date of Receipt
	Mailing Address 4230 Durado Court		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Placerville	CA	95667
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.32757
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
		<input type="text" value="300.00"/>	Bi-Weekly Payroll Deduction - 15

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="88.32"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 58  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms Tammy Barker

Mailing Address 4521 Sutton Rd

City State Zip Code  
Britton MI 49229

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

Name of Employer Occupation  
HCR Manor Care, LLC. AVP - Quality Support Svcs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 695.63

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

**Transaction ID:** SA11AI.32759

Amount of Each Receipt this Period 53.51

Bi-Weekly Payroll Deduction - 53.51

**B.** Full Name (Last, First, Middle Initial)  
L Jennifer Baron

Mailing Address 557 Jefferson St.

City State Zip Code  
Pittsburgh PA 15237

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 ▼ 300.00

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

**Transaction ID:** SA11AI.32762

Amount of Each Receipt this Period 15.00

Bi-Weekly Payroll Deduction - 15

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

Mailing Address 134 Lakeshore Dr. #414

City State Zip Code  
North Palm Beach FL 33408

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 ▼ 338.42

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

**Transaction ID:** SA11AI.32763

Amount of Each Receipt this Period 15.38

Bi-Weekly Payroll Deduction - 27.69

**SUBTOTAL** of Receipts This Page (optional) ..... ► 83.89

**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 9 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

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

Mailing Address 448 Woodcrest Dr

City State Zip Code  
Mechanicsburg PA 17050

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 ▼ 521.97

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

**Transaction ID:** SA11AI.33023

Amount of Each Receipt this Period  
27.69

Bi-Weekly Payroll Deduction - 27.69

**B.**

Full Name (Last, First, Middle Initial)  
Charles Batcher

Mailing Address 910 Orchard Drive

City State Zip Code  
Rossford OH 43460

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

Name of Employer Occupation  
HCR Manor Care, Inc. Director - Dementia Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 527.93

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

**Transaction ID:** SA11AI.32764

Amount of Each Receipt this Period  
40.61

Bi-Weekly Payroll Deduction - 40.61

**C.**

Full Name (Last, First, Middle Initial)  
Julie A Beckert

Mailing Address 3911 Buell Ave

City State Zip Code  
Toledo OH 43613

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

Name of Employer Occupation  
HCR ManorCare Inc. Dir. Marketing/Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 809.18

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

**Transaction ID:** SA11AI.32766

Amount of Each Receipt this Period  
40.00

Bi-Weekly Payroll Deduction - 40

**SUBTOTAL** of Receipts This Page (optional) ..... ► **108.30**

**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 10 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

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

Mailing Address 6023 Amelia Terrace Court

City State Zip Code  
Sugar Land TX 77479

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2010

**Transaction ID:** SA11AI.32768

Amount of Each Receipt this Period  
25.00

Bi-Weekly Payroll Deduction - 25

**B.**

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

Mailing Address 10445 Dexter Drive E

City State Zip Code  
Jacksonville FL 32218

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2010

**Transaction ID:** SA11AI.32769

Amount of Each Receipt this Period  
15.00

Bi-Weekly Payroll Deduction - 15

**C.**

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

Mailing Address 2209 Bayward Blvd

City State Zip Code  
Wilmington DE 19802

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 ▼ 480.70

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2010

**Transaction ID:** SA11AI.32770

Amount of Each Receipt this Period  
25.00

Bi-Weekly Payroll Deduction - 25

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **65.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms Judy L Bowes

Mailing Address 2909 Maplewood PI

City State Zip Code  
Alexandria VA 22302

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

Name of Employer Occupation  
HCR ManorCare, LLC Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.95

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

**Transaction ID:** SA11AI.32772

Amount of Each Receipt this Period 28.85

Bi-Weekly Payroll Deduction - 28.85

**B.**

Full Name (Last, First, Middle Initial)  
Pamella S Britt

Mailing Address 27135 State Rt 49

City State Zip Code  
Potomac IL 61865

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 ▼ 930.76

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

**Transaction ID:** SA11AI.32773

Amount of Each Receipt this Period 50.00

Bi-Weekly Payroll Deduction - 50

**C.**

Full Name (Last, First, Middle Initial)  
Lorna M Brown

Mailing Address 410 E. Court Street

City State Zip Code  
Cambridge IL 61238

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

Name of Employer Occupation  
HCR ManorCare Inc. Assistant Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.32774

Amount of Each Receipt this Period 15.00

Bi-Weekly Payroll Deduction - 15

**SUBTOTAL** of Receipts This Page (optional) ..... ► 93.85

**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: (check only one)	PAGE 12 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Stacy Bullock	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 10453 Greenway Ave.	<b>Transaction ID:</b> SA11AI.32776
	City State Zip Code Englewood FL 34224	Amount of Each Receipt this Period 11.35
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 11.35
	Name of Employer Occupation HCR Manor Care, Inc. Admissions Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.49	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Burke	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 3908 Tricking Brook Dr.	<b>Transaction ID:</b> SA11AI.32777
	City State Zip Code Richmond VA 23228	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 38.46
	Name of Employer Occupation HCR ManorCare Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

<b>C.</b>	Full Name (Last, First, Middle Initial) Candace Burks-McCoy	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 6115 North Ridge Road	<b>Transaction ID:</b> SA11AI.32778
	City State Zip Code Ft. Worth TX 76135	Amount of Each Receipt this Period 31.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 31
	Name of Employer Occupation HCR.ManorCare, Inc. Senior Manager Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 578.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>80.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 13 / 58  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

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

Mailing Address 4685 Rio Poco Court

City State Zip Code  
Naples FL 33109

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

Name of Employer Occupation  
HCR ManorCare Inc. Sr Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 598.00

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

**Transaction ID:** SA11AI.32780

Amount of Each Receipt this Period 46.00

Bi-Weekly Payroll Deduction - 46

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

Mailing Address 38 Bentley Court

City State Zip Code  
Bedminster NJ 07921

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 ▼ 769.20

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

**Transaction ID:** SA11AI.32781

Amount of Each Receipt this Period 38.46

Bi-Weekly Payroll Deduction - 38.46

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

Mailing Address 3077 N. Oakland Forest Dr. #202

City State Zip Code  
Oakland Park FL 33309

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 296.27

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

**Transaction ID:** SA11AI.32784

Amount of Each Receipt this Period 15.83

Bi-Weekly Payroll Deduction - 15.83

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.29

**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: PAGE 14 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. William Chenevert

Mailing Address 620 Ashbury Drive

City State Zip Code  
Perrysburg OH 43551

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

Name of Employer Occupation  
HCR.ManorCare, Inc. Vice President, Operations Support

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3846.20

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

**Transaction ID:** SA11AI.32786

Amount of Each Receipt this Period  
192.31

Bi-Weekly Payroll Deduction - 192.31

**B.**

Full Name (Last, First, Middle Initial)  
Gaye Chrobak

Mailing Address 7840 Delaroché Ct.

City State Zip Code  
Jacksonville FL 32210

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 253.36

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

**Transaction ID:** SA11AI.32787

Amount of Each Receipt this Period  
10.00

Bi-Weekly Payroll Deduction - 10

**C.**

Full Name (Last, First, Middle Initial)  
Ashton P Clark

Mailing Address 500 Marlin Ave.

City State Zip Code  
Royal Oak MI 48067

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 211.67

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

**Transaction ID:** SA11AI.32788

Amount of Each Receipt this Period  
10.75

Bi-Weekly Payroll Deduction - 10.75

**SUBTOTAL** of Receipts This Page (optional) ..... ► **213.06**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

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

Mailing Address 707 W. Burton

City Nevada State MO Zip Code 64772

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 ▼ 452.82

Date of Receipt 10 / 06 / 2010

**Transaction ID:** SA11AI.32789

Amount of Each Receipt this Period 21.63

Bi-Weekly Payroll Deduction - 21.63

**B.**

Full Name (Last, First, Middle Initial)  
Lenette A Clark

Mailing Address 1259 Tower Court

City Bourbonnais State IL Zip Code 60914

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 ▼ 679.60

Date of Receipt 10 / 13 / 2010

**Transaction ID:** SA11AI.32790

Amount of Each Receipt this Period 34.65

Bi-Weekly Payroll Deduction - 34.65

**C.**

Full Name (Last, First, Middle Initial)  
Christine M Conner

Mailing Address 61 Panoramic Way

City Walnut Creek State CA Zip Code 94595

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 06 / 2010

**Transaction ID:** SA11AI.32791

Amount of Each Receipt this Period 10.00

Bi-Weekly Payroll Deduction - 10

**SUBTOTAL** of Receipts This Page (optional) ..... ► 66.28

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Lynn Creighton		Date of Receipt
	Mailing Address 200 Commonwealth Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Bolingbrook	IL	60440
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.32793
Name of Employer HCR Manor Care, Inc.		Occupation Director of Nursing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 314.56	<input type="text"/> 15.00
			Bi-Weekly Payroll Deduction - 15

<b>B.</b>	Full Name (Last, First, Middle Initial) Victoria A Crenshaw		Date of Receipt
	Mailing Address 736 Virginia Dare Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Virginia Beach	VA	23451
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.32794
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 643.94	<input type="text"/> 58.54
			Bi-Weekly Payroll Deduction - 58.54

<b>C.</b>	Full Name (Last, First, Middle Initial) Johanna J Crowder		Date of Receipt
	Mailing Address 31524 Delaware		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Livonia	MI	48150
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.32795
Name of Employer HCR ManorCare Inc.		Occupation Regional Marketing Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 693.06	<input type="text"/> 38.46
			Bi-Weekly Payroll Deduction - 38.46

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 112.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen L Davidson		Date of Receipt
	Mailing Address 612 W. Magnolia		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 13 / 2010
	City	State	Zip Code
	Pana	IL	62557
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.32799
Name of Employer HCR ManorCare Inc.		Occupation Dir^ Clinical Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1099.00	<input type="text"/> 56.00
			Bi-Weekly Payroll Deduction - 56

<b>B.</b>	Full Name (Last, First, Middle Initial) Gurprit Dhaliwal		Date of Receipt
	Mailing Address 29934 Hazel Glen Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 06 / 2010
	City	State	Zip Code
	Murrieta	CA	92563
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.32804
Name of Employer HCR Manor Care Inc		Occupation Director of Nursing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 15.00
			Bi-Weekly Payroll Deduction - 15

<b>C.</b>	Full Name (Last, First, Middle Initial) Janet E Diehl		Date of Receipt
	Mailing Address 3903 BARBARA ANN DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 13 / 2010
	City	State	Zip Code
	MONROEVILLE	PA	15146
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.32805
Name of Employer HCR ManorCare Inc.		Occupation Regional Dir of Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1011.63	<input type="text"/> 46.29
			Bi-Weekly Payroll Deduction - 46.29

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 117.29
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) David K Donin	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 11608 Everglade Court	<b>Transaction ID:</b> SA11AI.32806
	City State Zip Code North Potomac MD 20878	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 30
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Jennifer Dudd	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 5313 Selago Dr	<b>Transaction ID:</b> SA11AI.32808
	City State Zip Code Keller TX 76244	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 20
	Name of Employer Occupation HCR Manor Care, LLC. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Nancy Edwards	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 5726 Rolbesay Drive	<b>Transaction ID:</b> SA11AI.32809
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 192.31
	Name of Employer Occupation HCR.ManorCare, Inc. General Manager, Central Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3653.83	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>242.31</b>
<b>TOTAL</b> 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 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. John Ehle	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0
	Mailing Address 14400 Michaux View Way	<b>Transaction ID:</b> SA11AI.32810
	City State Zip Code Midlothian VA 23113	Amount of Each Receipt this Period 29.87
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 29.87
	Name of Employer Occupation HCR Manor Care, LLC. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.96	

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda J Emmett	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 10408 Meadowlark Ct. East	<b>Transaction ID:</b> SA11AI.32813
	City State Zip Code Bonney Lake WA 98391	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 30
	Name of Employer Occupation HCR ManorCare Inc. Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sara M Fielding-Russell	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 3601 Hawthorne Dr	<b>Transaction ID:</b> SA11AI.32816
	City State Zip Code Richfield OH 44286	Amount of Each Receipt this Period 26.19
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 26.19
	Name of Employer Occupation HCR ManorCare Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.47	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>86.06</b>
<b>TOTAL</b> 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 20 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen L Forrest		Date of Receipt
	Mailing Address 3115 Wynstone Dr		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Quincy	IL	62305
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	Transaction ID: SA11AI.32820
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1107.28"/>	<input type="text" value="50.00"/>
			Bi-Weekly Payroll Deduction - 50

<b>B.</b>	Full Name (Last, First, Middle Initial) Jamie Fox		Date of Receipt
	Mailing Address 705A Allentown Rd		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sellersville	PA	18960
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Transaction ID: SA11AI.32822
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="451.45"/>	<input type="text" value="23.08"/>
			Bi-Weekly Payroll Deduction - 23.08

<b>C.</b>	Full Name (Last, First, Middle Initial) George Frill		Date of Receipt
	Mailing Address 2006 Hale Ct		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wyomiseing	PA	19610
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator - Laureldale	Transaction ID: SA11AI.32824
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="470.19"/>	<input type="text" value="23.59"/>
			Bi-Weekly Payroll Deduction - 23.59

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="96.67"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Sally A Gates

Mailing Address 2011 20Th Ln

City State Zip Code  
Palm Beach Gardens FL 33418

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

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

**Transaction ID:** SA11AI.32828

Amount of Each Receipt this Period  
20.00

Bi-Weekly Payroll Deduction - 20

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gary T. Geise

Mailing Address 825 Ashbury Dr.

City State Zip Code  
Perrysburg OH 43551

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 756.96

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

**Transaction ID:** SA11AI.32829

Amount of Each Receipt this Period  
47.31

Bi-Weekly Payroll Deduction - 47.31

**C.**

Full Name (Last, First, Middle Initial)  
Delbert E Gilman

Mailing Address 18600 E Wilshire

City State Zip Code  
Jones OK 73049

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 ▼ 414.05

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

**Transaction ID:** SA11AI.32830

Amount of Each Receipt this Period  
3.85

Bi-Weekly Payroll Deduction - 3.85

**SUBTOTAL** of Receipts This Page (optional) ..... ► **71.16**

**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 22 / 58  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms Neal Glein

Mailing Address 450 N. Frontage Rd

City DownersGrove State IL Zip Code 60516

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 ▼ 281.19

Date of Receipt 10 / 06 / 2010  
**Transaction ID:** SA11AI.32832  
 Amount of Each Receipt this Period 21.63  
 Bi-Weekly Payroll Deduction - 21.63

**B.** Full Name (Last, First, Middle Initial)  
Mr. Leonard Grabijas

Mailing Address 2682 Ravine Side North

City Howell State MI Zip Code 48843

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

Name of Employer HCR Manor Care, LLC. Occupation VP Sales & Mkting

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 13 / 2010  
**Transaction ID:** SA11AI.32837  
 Amount of Each Receipt this Period 57.00  
 Bi-Weekly Payroll Deduction - 57

**C.** Full Name (Last, First, Middle Initial)  
James Grady

Mailing Address 1311 Old Taylor Trail

City Goshen State KY Zip Code 40026

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 ▼ 1069.03

Date of Receipt 10 / 13 / 2010  
**Transaction ID:** SA11AI.32838  
 Amount of Each Receipt this Period 57.00  
 Bi-Weekly Payroll Deduction - 57

**SUBTOTAL** of Receipts This Page (optional) ..... ► 135.63

**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: PAGE 23 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

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

Mailing Address 503 Elk Mills Road

City State Zip Code  
Oxford PA 19363

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1275.00

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

**Transaction ID:** SA11AI.32839

Amount of Each Receipt this Period  
65.00

Bi-Weekly Payroll Deduction - 65

**B.**

Full Name (Last, First, Middle Initial)  
Brian Gross

Mailing Address 1392 Lucerne Dr

City State Zip Code  
Crystal Lake IL 60014

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

Name of Employer Occupation  
HCR ManorCare Inc. Sr Administrator

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 285.00

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

**Transaction ID:** SA11AI.32843

Amount of Each Receipt this Period  
15.00

Bi-Weekly Payroll Deduction - 15

**C.**

Full Name (Last, First, Middle Initial)  
Jill L Hale

Mailing Address 366 Burlington Rd

City State Zip Code  
Jackson OH 45640

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

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

**Transaction ID:** SA11AI.32846

Amount of Each Receipt this Period  
20.00

Bi-Weekly Payroll Deduction - 20

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Jeffrey Harris

Mailing Address 25536 Seminary Rd

City State Zip Code  
Perrysburg OH 43551

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

Name of Employer Occupation  
HCR Manor Care, LLC. AVP Dir of Tech Svcs

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2010

**Transaction ID:** SA11AI.32849

Amount of Each Receipt this Period  
40.00

Bi-Weekly Payroll Deduction - 40

**B.**

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

Mailing Address 8250 SW 8th St

City State Zip Code  
North Lauderdale FL 33068

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

Name of Employer Occupation  
HCR ManorCare Inc. Assistant Administrator

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 531.23

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2010

**Transaction ID:** SA11AI.32850

Amount of Each Receipt this Period  
28.55

Bi-Weekly Payroll Deduction - 28.55

**C.**

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

Mailing Address 9496South Dunbar Circle

City State Zip Code  
South Jordan UT 84095

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1107.66

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2010

**Transaction ID:** SA11AI.32851

Amount of Each Receipt this Period  
57.69

Bi-Weekly Payroll Deduction - 57.69

**SUBTOTAL** of Receipts This Page (optional) ..... ► **126.24**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Tammy R Hempfling

Mailing Address 301 Broadhead

City State Zip Code  
Midland MI 40642

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 ▼ 385.91

Date of Receipt: 10 / 07 / 2010  
Transaction ID: SA11AI.32853  
Amount of Each Receipt this Period: 22.54  
Bi-Weekly Payroll Deduction - 22.54

**B.**

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

Mailing Address 23 Chicago St. Apt.G

City State Zip Code  
Plainfield IL 60544

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 686.00

Date of Receipt: 10 / 13 / 2010  
Transaction ID: SA11AI.32855  
Amount of Each Receipt this Period: 49.00  
Bi-Weekly Payroll Deduction - 49

**C.**

Full Name (Last, First, Middle Initial)  
Donnett H Henry

Mailing Address 7531 Plantation

City State Zip Code  
Mirimar FL 33023

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.23

Date of Receipt: 10 / 13 / 2010  
Transaction ID: SA11AI.32856  
Amount of Each Receipt this Period: 18.15  
Bi-Weekly Payroll Deduction - 18.15

**SUBTOTAL** of Receipts This Page (optional) ..... ► 89.69

**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 26 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms Theresa Heyde

Mailing Address 202 N. Elm Hurst Rd.

City Prospect Heights State IL Zip Code 60070

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 644.00

Date of Receipt 10 / 13 / 2010

Transaction ID: SA11AI.32858

Amount of Each Receipt this Period 30.00

Bi-Weekly Payroll Deduction - 30

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

Mailing Address 1285 Sunhill Drive

City Lawrenceville State GA Zip Code 30043

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

Name of Employer HCR ManorCare, Inc. Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 322.50

Date of Receipt 10 / 06 / 2010

Transaction ID: SA11AI.32859

Amount of Each Receipt this Period 17.50

Bi-Weekly Payroll Deduction - 17.50

**C.** Full Name (Last, First, Middle Initial)  
Rodger J Hogan

Mailing Address 101 Mercury Way

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.50

Date of Receipt 10 / 06 / 2010

Transaction ID: SA11AI.32863

Amount of Each Receipt this Period 10.00

Bi-Weekly Payroll Deduction - 10

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 57.50

**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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 27 / 58
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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Sharon R Holmes	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 3207 N. 27th St.	<b>Transaction ID:</b> SA11AI.32864
	City State Zip Code Tacoma WA 98407	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 25
	Name of Employer Occupation HCR Manor Care, Inc. Administrator in Training	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 453.80	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lynn M Hood	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 15415 Meadow Wood Dr	<b>Transaction ID:</b> SA11AI.32865
	City State Zip Code Wellington FL 33414	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 90
	Name of Employer Occupation HCR ManorCare Inc. Asst General Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Mathew Hossler	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 7818 Royal Hampton	<b>Transaction ID:</b> SA11AI.32866
	City State Zip Code Waterville OH 43566	Amount of Each Receipt this Period 18.65
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 18.65
	Name of Employer Occupation HCR Manor Care, LLC. Manager - Engineering	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>133.65</b>
<b>TOTAL</b> 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 28 / 58  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

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

Mailing Address 1333 Cromly Ct.

City Maumee State OH Zip Code 43537

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 580.60

Date of Receipt 10 / 13 / 2010

Transaction ID: SA11AI.32868

Amount of Each Receipt this Period 25.00

Bi-Weekly Payroll Deduction - 25

**B.**

Full Name (Last, First, Middle Initial)  
Kathleen Hutchison

Mailing Address 2692 Elton Circle

City Lambertville State MI Zip Code 48144

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

Name of Employer HCR Manor Care, Inc. Occupation Director Human Resources Ops Support

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 13 / 2010

Transaction ID: SA11AI.32870

Amount of Each Receipt this Period 20.00

Bi-Weekly Payroll Deduction - 20

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Keith Jackson

Mailing Address 3955 Salem Bottom Rd

City Carroll State MD Zip Code 21157

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 ▼ 220.00

Date of Receipt 10 / 06 / 2010

Transaction ID: SA11AI.32872

Amount of Each Receipt this Period 20.00

Bi-Weekly Payroll Deduction - 20

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 65.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert G Julius	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address P O Box 538 Int. Train/Ctrl SVC 7	<b>Transaction ID:</b> SA11AI.32880
	City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 30
	Name of Employer Occupation HCR Manor Care, Inc. Mgr. Business Office Process Dev.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 558.15	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lisa J. Jurski	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 1934 Delence Street	<b>Transaction ID:</b> SA11AI.32881
	City State Zip Code Toledo OH 43605	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 20
	Name of Employer Occupation HCR ManorCare, Inc. Director - Workers Comp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan M Kalas	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 10839 Cambria Ct.	<b>Transaction ID:</b> SA11AI.32882
	City State Zip Code Huntley IL 60142	Amount of Each Receipt this Period 18.63
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 18.63
	Name of Employer Occupation HCR Manor Care, Inc. Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.01	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	68.63
<b>TOTAL</b> 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 30 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Linda Karling-Lott	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 5 Palace Green Place	<b>Transaction ID:</b> SA11AI.32883
	City State Zip Code Atlanta GA 30318	Amount of Each Receipt this Period 32.75
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 32.75
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 521.44	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Kathy Karr	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 4430 Woodfield Drive	<b>Transaction ID:</b> SA11AI.32884
	City State Zip Code Bettendorf IA 52722	Amount of Each Receipt this Period 17.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 17
	Name of Employer Occupation HCR Manor Care Inc. Senior Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Courtney L Kasper	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 2750 CR 110	<b>Transaction ID:</b> SA11AI.32885
	City State Zip Code Georgetown TX 78626	Amount of Each Receipt this Period 4.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 4
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	53.75
<b>TOTAL</b> 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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 31 / 58
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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Vivian Kiraly		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 103 Kama Lane		<b>Transaction ID:</b> SA11AI.32889
	City	State	Zip Code
	Cross Lanes	WV	25313
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Bi-Weekly Payroll Deduction - 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Andrew Koha		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 7620 Isaac Drive		<b>Transaction ID:</b> SA11AI.32891
	City	State	Zip Code
	Middleburg Heights	OH	44130
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer HCR Manor Care, Inc.		Occupation RDO - Central 5	Bi-Weekly Payroll Deduction - 50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Amy LaFleur		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 207 S. Ann Arbor St.		<b>Transaction ID:</b> SA11AI.32897
	City	State	Zip Code
	Saline	MI	48176
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer HCR. Manor Care, Inc		Occupation Regional Director of Operations	Bi-Weekly Payroll Deduction - 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 453.84	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> 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 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Barry A Lazarus	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 2629 Liverpool Ct	<b>Transaction ID:</b> SA11AI.32900
	City Toledo State OH Zip Code 43617	Amount of Each Receipt this Period 77.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 77
	Name of Employer HCR ManorCare Inc. Occupation VP^ Reimbursement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1078.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Elliot Lekawa	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 13690 Highland Springs Ct	<b>Transaction ID:</b> SA11AI.32901
	City Wichita State KS Zip Code 67235	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 20
	Name of Employer HCR Manor Care, LLC. Occupation RDO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Deborah Lewis	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 2432 21st Street	<b>Transaction ID:</b> SA11AI.32903
	City Wyandotte State MI Zip Code 48192	Amount of Each Receipt this Period 44.23
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-Weekly Payroll Deduction - 44.23
	Name of Employer HCR Manor Care, Inc. Occupation Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 574.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>141.23</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 58  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Joseph D Lingenfelter

Mailing Address 5108 Kingswood

City State Zip Code  
Carmel IN 46033

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 448.76

Date of Receipt  
MM / DD / YYYY  
10 / 07 / 2010

**Transaction ID:** SA11AI.32905

Amount of Each Receipt this Period 17.26

Bi-Weekly Payroll Deduction - 17.26

**B.**

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

Mailing Address 1040 Pinewood Drive

City State Zip Code  
Downers Grove IL 60516

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 ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2010

**Transaction ID:** SA11AI.32907

Amount of Each Receipt this Period 10.00

Bi-Weekly Payroll Deduction - 10

**C.**

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

Mailing Address 14802 Dunston Place

City State Zip Code  
Tampa FL 33618

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2010

**Transaction ID:** SA11AI.32908

Amount of Each Receipt this Period 46.00

Bi-Weekly Payroll Deduction - 46

**SUBTOTAL** of Receipts This Page (optional) ..... ► 73.26

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Sephania M Marcotullio		Date of Receipt
	Mailing Address 49895 Waterstone Estates Circle		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Northville	MI	48168
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Transaction ID: SA11AI.32909
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="345.94"/>	<input type="text" value="17.45"/>
			Bi-Weekly Payroll Deduction - 17.45

<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara Marshall		Date of Receipt
	Mailing Address 26570 Chad Court		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hemet	CA	92544
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Transaction ID: SA11AI.32911
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="264.70"/>	<input type="text" value="12.98"/>
			Bi-Weekly Payroll Deduction - 12.98

<b>C.</b>	Full Name (Last, First, Middle Initial) Nancy F Mason		Date of Receipt
	Mailing Address 56 Holden Dr		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Martinsburg	WV	25401
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Transaction ID: SA11AI.32915
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="251.92"/>	<input type="text" value="13.46"/>
			Bi-Weekly Payroll Deduction - 13.46

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="43.89"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 58  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

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

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 ▼ 270.00

Date of Receipt 10 / 13 / 2010

Transaction ID: SA11AI.32918

Amount of Each Receipt this Period 15.00

Bi-Weekly Payroll Deduction - 15

**B.**

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

Mailing Address 266 Crossing Creek North

City Gahanna State OH Zip Code 43230

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.74

Date of Receipt 10 / 13 / 2010

Transaction ID: SA11AI.32919

Amount of Each Receipt this Period 69.23

Bi-Weekly Payroll Deduction - 69.23

**C.**

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

Mailing Address 700 Golden Drive

City Blandon State PA Zip Code 19510

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 ▼ 553.51

Date of Receipt 10 / 13 / 2010

Transaction ID: SA11AI.32920

Amount of Each Receipt this Period 27.98

Bi-Weekly Payroll Deduction - 27.98

**SUBTOTAL** of Receipts This Page (optional) ..... ► **112.21**

**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: PAGE 36 / 58  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
William J McDaniel II  
 Mailing Address 7420 Nightingale Dr. #13  
 City State Zip Code  
 Holland OH 45328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCR Manor Care, Inc. Administrator  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 404.57  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 1 0  
**Transaction ID:** SA11AI.32922  
 Amount of Each Receipt this Period  
 16.87  
 Bi-Weekly Payroll Deduction - 16.87

**B.** Full Name (Last, First, Middle Initial)  
Murry J Mercier  
 Mailing Address 7110 Oak Bluff Lane  
 City State Zip Code  
 Maumee OH 43537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCR ManorCare Inc. VP Dir of Information Serv  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 3846.20  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 1 0  
**Transaction ID:** SA11AI.32924  
 Amount of Each Receipt this Period  
 192.31  
 Bi-Weekly Payroll Deduction - 192.31

**C.** Full Name (Last, First, Middle Initial)  
Scott Miller  
 Mailing Address 198 Old Mill Drive  
 City State Zip Code  
 Langhorne PA 19047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCR ManorCare Inc. Sr Administrator  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1014.89  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 3 / 2 0 1 0  
**Transaction ID:** SA11AI.32929  
 Amount of Each Receipt this Period  
 51.35  
 Bi-Weekly Payroll Deduction - 51.35

**SUBTOTAL** of Receipts This Page (optional) ..... ► 260.53  
**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 37 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Deborah T Mullane

Mailing Address 808 Latshaw Rd.

City State Zip Code  
Spring City PA 19475

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 318.10

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2010

**Transaction ID:** SA11AI.32934

Amount of Each Receipt this Period 16.61

Bi-Weekly Payroll Deduction - 16.61

**B.**

Full Name (Last, First, Middle Initial)  
Melinda K Muller

Mailing Address 31682 Corte Encinas

City State Zip Code  
Temecula CA 92592

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 ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2010

**Transaction ID:** SA11AI.32935

Amount of Each Receipt this Period 35.00

Bi-Weekly Payroll Deduction - 35

**C.**

Full Name (Last, First, Middle Initial)  
Ms Kathleen Murdock

Mailing Address 2599 Dolly Bay Dr

City State Zip Code  
Palm Harbor FL 34684

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

Name of Employer Occupation  
HCR Manor Care, Inc. Manager - Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.03

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2010

**Transaction ID:** SA11AI.32937

Amount of Each Receipt this Period 17.31

Bi-Weekly Payroll Deduction - 17.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► 68.92

**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 38 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin Murphy		Date of Receipt
	Mailing Address 6751 Hampsford Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Toledo	OH	43617
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.32938
Name of Employer HCR Manor Care, Inc.		Occupation Regional Dir of Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	<input type="text"/> 10.00
			Bi-Weekly Payroll Deduction - 10

<b>B.</b>	Full Name (Last, First, Middle Initial) Terrance Murphy		Date of Receipt
	Mailing Address 2379 Schaffer Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Pottstown	PA	19464
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.32939
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 542.30	<input type="text"/> 27.12
			Bi-Weekly Payroll Deduction - 27.12

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Tom Myers		Date of Receipt
	Mailing Address 29378 Lindsay Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Perrysburg	OH	43551
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.32940
Name of Employer HCR Manor Care, Inc.		Occupation Director of Ops Support - Central	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	<input type="text"/> 25.00
			Bi-Weekly Payroll Deduction - 25

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 62.12
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
David K Nees

Mailing Address 5315 Rymoor Drive

City State Zip Code  
Sylvania OH 43560

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

Name of Employer Occupation  
HCR. Manor Care, Inc Associate General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1799.60

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

**Transaction ID:** SA11AI.32942

Amount of Each Receipt this Period 89.98

Bi-Weekly Payroll Deduction - 89.98

**B.**

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

Mailing Address 28 Roslyn Road

City State Zip Code  
Grosse Pointe Shor MI 48236

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1865.30

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

**Transaction ID:** SA11AI.32943

Amount of Each Receipt this Period 76.92

Bi-Weekly Payroll Deduction - 76.92

**C.**

Full Name (Last, First, Middle Initial)  
Ms Leslie Ohm

Mailing Address 12331 South 71st Avenue

City State Zip Code  
Palos Heights IL 60463

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

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

**Transaction ID:** SA11AI.32947

Amount of Each Receipt this Period 57.69

Bi-Weekly Payroll Deduction - 57.69

**SUBTOTAL** of Receipts This Page (optional) ..... ► **224.59**

**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 40 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

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

Mailing Address 1361 Bobby Lane

City State Zip Code  
Westlake OH 44145

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

Name of Employer Occupation  
HCR Manor Care, LLC. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.47

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

**Transaction ID:** SA11AI.32949

Amount of Each Receipt this Period  
20.19

Bi-Weekly Payroll Deduction - 20.19

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Annette Orlowski

Mailing Address 669 Highway 60

City State Zip Code  
Cedarburg WI 53012

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

Name of Employer Occupation  
HCR ManorCare, Inc. Director, Clinical Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 952.50

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

**Transaction ID:** SA11AI.32950

Amount of Each Receipt this Period  
64.93

Bi-Weekly Payroll Deduction - 64.93

**C.**

Full Name (Last, First, Middle Initial)  
Brett Ottley

Mailing Address 4436 White Fish Dr

City State Zip Code  
Reno NV 89511

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

Name of Employer Occupation  
HCR Manor Care, LLC. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 431.21

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

**Transaction ID:** SA11AI.32951

Amount of Each Receipt this Period  
33.17

Bi-Weekly Payroll Deduction - 33.17

**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: PAGE 41 / 58  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

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

Mailing Address 2154 Tremont Road

City Columbus State OH Zip Code 43212

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

Name of Employer HCR.ManorCare, Inc. Occupation VP Assistant General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2532.73

Date of Receipt 10 / 13 / 2010

**Transaction ID:** SA11AI.32952

Amount of Each Receipt this Period 129.81

Bi-Weekly Payroll Deduction - 129.81

**B.**

Full Name (Last, First, Middle Initial)  
Richard A Parr II

Mailing Address 2253 Gray Fox Court

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3648.00

Date of Receipt 10 / 13 / 2010

**Transaction ID:** SA11AI.32953

Amount of Each Receipt this Period 192.00

Bi-Weekly Payroll Deduction - 192

**C.**

Full Name (Last, First, Middle Initial)  
Karen K Phelps

Mailing Address Rt. 4^ Box 87p

City Tecumseh State OK Zip Code 74873

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 ▼ 365.00

Date of Receipt 10 / 13 / 2010

**Transaction ID:** SA11AI.32955

Amount of Each Receipt this Period 30.00

Bi-Weekly Payroll Deduction - 30

**SUBTOTAL** of Receipts This Page (optional) ..... ► 351.81

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Luke T Pile		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 6690 Hauser Rd C-205		<b>Transaction ID:</b> SA11AI.32956
	City Macungie	State PA	Zip Code 18062
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.22
	Name of Employer HCR ManorCare Inc.	Occupation Administrator	Bi-Weekly Payroll Deduction - 23.22
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 410.04	

<b>B.</b>	Full Name (Last, First, Middle Initial) Clifton J Porter II		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 3929 Azalea Circle		<b>Transaction ID:</b> SA11AI.32957
	City Maumee	State OH	Zip Code 43537
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.58
	Name of Employer HCR ManorCare Inc.	Occupation AVP^ Government Relations	Bi-Weekly Payroll Deduction - 65.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1309.89	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael J Reed		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 3899 Midshore Drive		<b>Transaction ID:</b> SA11AI.32961
	City Naples	State FL	Zip Code 34109
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.31
	Name of Employer HCR Manor Care, Inc.	Occupation VP Assisted Living Operations	Bi-Weekly Payroll Deduction - 192.31
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3461.52	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	281.11
<b>TOTAL</b> 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 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Margaret A Reitmeyer

Mailing Address 13 Gregory Drive

City State Zip Code  
Kenil NJ 07847

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 735.86

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

**Transaction ID:** SA11AI.32963

Amount of Each Receipt this Period  
37.00

Bi-Weekly Payroll Deduction - 37

**B.** Full Name (Last, First, Middle Initial)  
Deborah A Reitz

Mailing Address 4312 Shangri La Rd.

City State Zip Code  
Stewartstown PA 17363

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 862.50

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

**Transaction ID:** SA11AI.32964

Amount of Each Receipt this Period  
50.00

Bi-Weekly Payroll Deduction - 50

**C.** Full Name (Last, First, Middle Initial)  
John I Remenar

Mailing Address 2723 Rexton Ridge Rd

City State Zip Code  
Toledo OH 43617

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

Name of Employer Occupation  
HCR ManorCare Inc. VP Financial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3015.36

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

**Transaction ID:** SA11AI.32965

Amount of Each Receipt this Period  
188.46

Bi-Weekly Payroll Deduction - 188.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.46**

**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 44 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Sandra S Rice		Date of Receipt
	Mailing Address Rt 4 Box 804		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Butler	MO	64730
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.32968
Name of Employer HCR Manor Care, Inc.		Occupation Director of Nursing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.16	<input type="text"/> 12.44
			Bi-Weekly Payroll Deduction - 12.44

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia B Richards		Date of Receipt
	Mailing Address P.O. Box 754		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Shady Spring	WV	25918
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.32969
Name of Employer HCR Manor Care, Inc.		Occupation Area Human Resource Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 620.00	<input type="text"/> 25.00
			Bi-Weekly Payroll Deduction - 25

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Colleen B Rodgers		Date of Receipt
	Mailing Address 5 Jason Ct.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Avondale	PA	19311
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.32970
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00	<input type="text"/> 5.00
			Bi-Weekly Payroll Deduction - 5

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 42.44
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Lynette M Rugg

Mailing Address 1348 Oakland Circle

City State Zip Code  
N. Aurora IL 60542

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 ▼ 621.47

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

**Transaction ID:** SA11AI.32972

Amount of Each Receipt this Period  
28.06

Bi-Weekly Payroll Deduction - 28.06

**B.**

Full Name (Last, First, Middle Initial)  
Richard G Rump

Mailing Address 2423 Heather Glen Dr

City State Zip Code  
Maumee OH 43537

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

Name of Employer Occupation  
HCR ManorCare Inc. Dir^ Corporate Communication

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1077.00

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

**Transaction ID:** SA11AI.32973

Amount of Each Receipt this Period  
53.85

Bi-Weekly Payroll Deduction - 53.85

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 884.00

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

**Transaction ID:** SA11AI.32974

Amount of Each Receipt this Period  
31.00

Bi-Weekly Payroll Deduction - 31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **112.91**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
David A Saunders

Mailing Address 14661 Bellino Terrace Unit 202

City State Zip Code  
Bonita Springs FL 34135

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 ▼ 507.60

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

**Transaction ID:** SA11AI.32977

Amount of Each Receipt this Period  
25.38

Bi-Weekly Payroll Deduction - 25.38

**B.**

Full Name (Last, First, Middle Initial)  
Cynthia S Scharp

Mailing Address 1627 N. 1100 E

City State Zip Code  
Gilman IL 60938

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

Name of Employer Occupation  
HCR ManorCare Inc. Sr Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.32978

Amount of Each Receipt this Period  
25.00

Bi-Weekly Payroll Deduction - 25

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Mark Schroepfer

Mailing Address 2328 Bonnie Brae

City State Zip Code  
Santa Ana CA 92706

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 ▼ 450.00

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

**Transaction ID:** SA11AI.32979

Amount of Each Receipt this Period  
25.00

Bi-Weekly Payroll Deduction - 25

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.38**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial) Mr. Edward Schuch		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 304 Adriana Court		<b>Transaction ID:</b> SA11AI.32980
City Northampton	State PA	Zip Code 18067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-Weekly Payroll Deduction - 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 506.72	

**B.**

Full Name (Last, First, Middle Initial) Kenneth P Schuster		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 2074 Cameo		<b>Transaction ID:</b> SA11AI.32981
City Lewisville	State TX	Zip Code 75067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-Weekly Payroll Deduction - 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 515.30	

**C.**

Full Name (Last, First, Middle Initial) Gregory Seiple		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 1102 Meily Street		<b>Transaction ID:</b> SA11AI.32982
City Lebanon	State PA	Zip Code 17046
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 9.62
Name of Employer HCR Manor Care, Inc.	Occupation Senior Consultant Systems	Bi-Weekly Payroll Deduction - 9.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.10	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>59.62</b>
<b>TOTAL</b> 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 48 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

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

Mailing Address 3521 Cedar Creek Court

City State Zip Code  
Maumee OH 43537

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

Name of Employer Occupation  
HCR ManorCare Inc. VP^ Clinical Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4160.00

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

**Transaction ID:** SA11AI.32986

Amount of Each Receipt this Period  
218.46

Bi-Weekly Payroll Deduction - 218.46

**B.**

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

Mailing Address 3117 Terry Dr. SE

City State Zip Code  
Cedar Rapids IA 52403

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 ▼ 300.00

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

**Transaction ID:** SA11AI.32988

Amount of Each Receipt this Period  
15.00

Bi-Weekly Payroll Deduction - 15

**C.**

Full Name (Last, First, Middle Initial)  
Marionlee J Specter

Mailing Address 5286 Sell Road

City State Zip Code  
New Tripoli PA 18066

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

Name of Employer Occupation  
HCR ManorCare Inc. Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 431.00

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

**Transaction ID:** SA11AI.32989

Amount of Each Receipt this Period  
27.00

Bi-Weekly Payroll Deduction - 27

**SUBTOTAL** of Receipts This Page (optional) ..... ► **260.46**

**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: PAGE 49 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Arthur Spencer

Mailing Address 1669 Belleville Way # J

City Sunnyvale State CA Zip Code 94087

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 ▼ 302.38

Date of Receipt 10 / 06 / 2010

Transaction ID: SA11AI.32990

Amount of Each Receipt this Period 23.26

Bi-Weekly Payroll Deduction - 23.26

**B.**

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

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 ▼ 260.00

Date of Receipt 10 / 13 / 2010

Transaction ID: SA11AI.32993

Amount of Each Receipt this Period 20.00

Bi-Weekly Payroll Deduction - 20

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 775.00

Date of Receipt 10 / 13 / 2010

Transaction ID: SA11AI.32994

Amount of Each Receipt this Period 25.00

Bi-Weekly Payroll Deduction - 25

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 68.26

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Sherri L Stoltzfus		Date of Receipt MM / DD / YYYY 10 / 13 / 2010		
	Mailing Address 119 East Manor Dr.		Transaction ID: SA11AI.32996		
	City Lititz	State PA	Zip Code 17543	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction - 20		
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Aggregate Year-to-Date 386.25		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Colette Storck		Date of Receipt MM / DD / YYYY 10 / 06 / 2010		
	Mailing Address 28490 Wynykako Ave		Transaction ID: SA11AI.32997		
	City Millsboro	State DE	Zip Code 19966	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction - 30		
	Name of Employer HCR Manor Care, LLC.	Occupation Administrator	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Victoria Strom		Date of Receipt MM / DD / YYYY 10 / 13 / 2010		
	Mailing Address Route 1		Transaction ID: SA11AI.32999		
	City Victoria	State IL	Zip Code 61485	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction - 15		
	Name of Employer HCR.ManorCare, Inc.	Occupation MMD	Aggregate Year-to-Date 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	65.00
<b>TOTAL</b> 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 51 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Eric Talbert	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 7231 Stonewater Ct	<b>Transaction ID:</b> SA11AI.33002
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 20
	Name of Employer Occupation HCR Manor Care, Inc. Div. Director of Operations Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Cyndi K Taplin	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 5405 Buttrick SE	<b>Transaction ID:</b> SA11AI.33003
	City State Zip Code Alto MI 49302	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 75
	Name of Employer Occupation HCR Manor Care, Inc. Regional Director of Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1569.20	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rami Ubaydi	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 27134 Pumpkin Street	<b>Transaction ID:</b> SA11AI.33011
	City State Zip Code Murrieta CA 92562	Amount of Each Receipt this Period 57.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 57
	Name of Employer Occupation HCR Manor Care, Inc. Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1006.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	152.00
<b>TOTAL</b> 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 52 / 58  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial) Christine E Wade		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 1307 Bramblewood		<b>Transaction ID:</b> SA11AI.33013
City Tecumseh	State MI	Zip Code 49286
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer HCR Manor Care, Inc.	Occupation Mgr. Market Development	Bi-Weekly Payroll Deducti- on - 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**B.**

Full Name (Last, First, Middle Initial) Toni Y Williams		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 141 Boiling Spring Cir		<b>Transaction ID:</b> SA11AI.33015
City Southern Pines	State NC	Zip Code 28387
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer HCR ManorCare Inc.	Occupation Admin Dir Of Nursing Serv	Bi-Weekly Payroll Deducti- on - 20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

**C.**

Full Name (Last, First, Middle Initial) Mark A Wilson		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 140 Packet Drive		<b>Transaction ID:</b> SA11AI.33016
City Charles Town	State WV	Zip Code 25414
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Operations	Bi-Weekly Payroll Deducti- on - 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> 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 53 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms Sherriann Wood

Mailing Address 5 Aberfield Lane

City State Zip Code  
Miamisburg OH 45342

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

Name of Employer Occupation  
HCR.ManorCare, Inc. RDO - Central Division Region 2

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 873.34

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

**Transaction ID:** SA11AI.33017

Amount of Each Receipt this Period  
25.00

Bi-Weekly Payroll Deduction - 25

**B.**

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

Mailing Address 249 E Pearl St

City State Zip Code  
Findlay OH 45840

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

Name of Employer Occupation  
HCR ManorCare Inc. Sr Reimbursement Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 216.00

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

**Transaction ID:** SA11AI.33019

Amount of Each Receipt this Period  
8.00

Bi-Weekly Payroll Deduction - 8

**C.**

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

Mailing Address 3845 Drummond Rd

City State Zip Code  
Toledo OH 43613

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

Name of Employer Occupation  
HCR ManorCare Inc. Senior Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 833.06

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

**Transaction ID:** SA11AI.33021

Amount of Each Receipt this Period  
42.31

Bi-Weekly Payroll Deduction - 42.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.31**

**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:		PAGE 54 / 58	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel A Zawadzki		Date of Receipt		
	Mailing Address 18910 Mallard Cove		M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0		
	City Middleburg Heights	State OH	Zip Code 44130	<b>Transaction ID:</b> SA11AI.33022	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 16.00		
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-Weekly Payroll Deduction - 16		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 288.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	16.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5700.08

**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)

PAGE 55 / 58

<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

A.

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

Transaction ID: SB21B.32747

Date of Disbursement

Mailing Address P.O. Box 5065

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	0		0	5		2	0	1	0

City Cleveland State OH Zip Code 44101-0065

Amount of Each Disbursement this Period

118.95
--------

Purpose of Disbursement  
Service Fees

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

118.95
--------

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

118.95
--------

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DUFFY FOR CONGRESS</b>  Mailing Address PO Box 186  City Ashland State WI Zip Code 54806  Purpose of Disbursement Political Contribution Candidate Name <b>SEAN P DUFFY</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.32735 Date of Disbursement 10 / 06 / 2010  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>EDDIE BERNICE JOHNSON FOR CONGRESS</b>  Mailing Address 3102 Maple Avenue, Suite 605  City Dallas State TX Zip Code 75201  Purpose of Disbursement Contribution for event held on Oct 3rd. Candidate Name <b>EDDIE BERNICE JOHNSON</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.32723 Date of Disbursement 10 / 01 / 2010  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>HALVORSON FOR CONGRESS</b>  Mailing Address PO Box 176  City Crete State IL Zip Code 60417  Purpose of Disbursement Contribution for event held on Oct 11th. Candidate Name <b>DEBORAH 'DEBBIE' HALVORSON</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.32731 Date of Disbursement 10 / 05 / 2010  Amount of Each Disbursement this Period 2000.00  011 Category/ Type

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

A.

Full Name (Last, First, Middle Initial)  
LARSON FOR CONGRESS

Mailing Address 29 RUFF CIRCLE

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement  
Contribution for event held Oct. 15th.

Candidate Name  
JOHN B LARSON

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Transaction ID: SB23.32741  
Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)  
MANCHIN FOR WEST VIRGINIA

Mailing Address PO BOX 5202

City CHARLESTON State WV Zip Code 25361

Purpose of Disbursement  
Contribution for event held on Oct 13th.

Candidate Name  
JOE, III MANCHIN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.32738  
Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)  
MARTIN HEINRICH FOR CONGRESS, INC.

Mailing Address 2118 CENTRAL AVENUE SE  
#71

City Albuquerque State NM Zip Code 87106

Purpose of Disbursement  
Contribution for event held on Oct 13th

Candidate Name  
MARTIN HEINRICH

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Transaction ID: SB23.32734  
Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

2000.00

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

6500.00

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

