

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines HCR Manor Care PAC

ADDRESS (number and street) 333 North Summit Street 16th Floor Toledo OH 43604 2617

2. FEC IDENTIFICATION NUMBER C00260141 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Mr. Adam Swartz Signature of Treasurer Electronically Filed by Mr. Adam Swartz Date 10 08 2010

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

Office Use Only

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

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	65356.38									
(c) Total Receipts (from Line 19)	43822.94	176456.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	109179.32	208338.68								
7. Total Disbursements (from Line 31)	99218.20	198377.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9961.12	9961.12								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

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)	36708.79	137634.05
(ii) Unitemized	6606.09	37665.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	43314.88	175299.65
(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)	43314.88	175299.65
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	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	8.06	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))	43822.94	176456.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43822.94	176456.51

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	68.20	332.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	68.20	332.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	86500.00	153900.00
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.....	12650.00	44145.00
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))..	99218.20	198377.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	99218.20	198377.56

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	43314.88	175299.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43314.88	175299.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	68.20	332.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	68.20	332.56

**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 6 / 76
	<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) Charlean Adams	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 3523 East Manitou Circle	Transaction ID: SA11AI.32397
	City State Zip Code Muskegon MI 49441	Amount of Each Receipt this Period 264.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 44
	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 ▼ 817.30	

B.	Full Name (Last, First, Middle Initial) Ms Gayla M. Adams	Date of Receipt MM / DD / YYYY 07 / 14 / 2010
	Mailing Address 239 County Rd 4328	Transaction ID: SA11AI.32398
	City State Zip Code Tenaha TX 75974	Amount of Each Receipt this Period 52.30
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 26.15
	Name of Employer Occupation HCR Manor Care, Inc. Administrator - Holiday	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.80	

C.	Full Name (Last, First, Middle Initial) Martin D Allen	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 7151 Whispering Oak	Transaction ID: SA11AI.32400
	City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 75
	Name of Employer Occupation HCR ManorCare Inc. AVP / Dir Internal Aud & Risk	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

SUBTOTAL of Receipts This Page (optional)	541.30
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 7 / 76

(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)
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 ▼ 473.10

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.32403

Amount of Each Receipt this Period
174.30

Bi-Weekly Payroll Deduction - 24.90

B.

Full Name (Last, First, Middle Initial)
Deborah A Arrendale

Mailing Address 7100 Sunshine Skyway Lane South
#401

City State Zip Code
St. Petersburg FL 33711

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

Name of Employer Occupation
HCR ManorCare, Inc. 4H East Div. General Mgr.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1333.85

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.32404

Amount of Each Receipt this Period
367.92

Bi-Weekly Payroll Deduction - 61.32

C.

Full Name (Last, First, Middle Initial)
Matthew Baad

Mailing Address 528 Bonnie Circle

City State Zip Code
Howell MI 48843

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 ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.32406

Amount of Each Receipt this Period
84.00

Bi-Weekly Payroll Deduction - 12

SUBTOTAL of Receipts This Page (optional) ▶

626.22

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 76
(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

<p>A. Full Name (Last, First, Middle Initial) Terri Ballesteros</p> <p>Mailing Address 4230 Durado Court</p> <p>City State Zip Code Placerville CA 95667</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HCR Manor Care, Inc. Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 285.00</p>	<p>Date of Receipt 09 / 22 / 2010</p> <p>Transaction ID: SA11AI.32408</p> <p>Amount of Each Receipt this Period 105.00</p> <p>Bi-Weekly Payroll Deducti- on - 15</p>
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<p>B. Full Name (Last, First, Middle Initial) Ms Tammy Barker</p> <p>Mailing Address 4521 Sutton Rd</p> <p>City State Zip Code Britton MI 49229</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HCR Manor Care, LLC. Occupation AVP - Quality Support Svcs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 642.12</p>	<p>Date of Receipt 09 / 15 / 2010</p> <p>Transaction ID: SA11AI.32410</p> <p>Amount of Each Receipt this Period 321.06</p> <p>Bi-Weekly Payroll Deducti- on - 53.51</p>
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<p>C. Full Name (Last, First, Middle Initial) L Jennifer Baron</p> <p>Mailing Address 557 Jefferson St.</p> <p>City State Zip Code Pittsburgh PA 15237</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HCR Manor Care, Inc Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 285.00</p>	<p>Date of Receipt 09 / 15 / 2010</p> <p>Transaction ID: SA11AI.32412</p> <p>Amount of Each Receipt this Period 90.00</p> <p>Bi-Weekly Payroll Deducti- on - 15</p>
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SUBTOTAL of Receipts This Page (optional)	516.06
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: (check only one)	PAGE 9 / 76
	<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) Suzanne L Baron	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 134 Lakeshore Dr. #414	Transaction ID: SA11AI.32717
	City State Zip Code North Palm Beach FL 33408	Amount of Each Receipt this Period 107.66
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 15.38
	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 ▼ 323.04	

B.	Full Name (Last, First, Middle Initial) Joseph A Barrick	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 448 Woodcrest Dr	Transaction ID: SA11AI.32413
	City State Zip Code Mechanicsburg PA 17050	Amount of Each Receipt this Period 166.14
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 27.69
	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 ▼ 494.28	

C.	Full Name (Last, First, Middle Initial) Charles Batcher	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 910 Orchard Drive	Transaction ID: SA11AI.32414
	City State Zip Code Rossford OH 43460	Amount of Each Receipt this Period 243.66
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 40.61
	Name of Employer Occupation HCR Manor Care, Inc. Director - Dementia Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.32	

SUBTOTAL of Receipts This Page (optional)	517.46
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 10 / 76
	<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)
Julie A Beckert

Mailing Address 3911 Buell Ave

City Toledo State OH Zip Code 43613

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 769.18

Date of Receipt 09 / 15 / 2010

Transaction ID: SA11AI.32416

Amount of Each Receipt this Period 240.00

Bi-Weekly Payroll Deduction - 40

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

Mailing Address 6023 Amelia Terrace Court

City Sugar Land State TX Zip Code 77479

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 395.00

Date of Receipt 09 / 15 / 2010

Transaction ID: SA11AI.32419

Amount of Each Receipt this Period 150.00

Bi-Weekly Payroll Deduction - 25

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

Mailing Address 10445 Dexter Drive E

City Jacksonville State FL Zip Code 32218

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 15 / 2010

Transaction ID: SA11AI.32420

Amount of Each Receipt this Period 90.00

Bi-Weekly Payroll Deduction - 15

SUBTOTAL of Receipts This Page (optional) ▶ 480.00

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 / 76
(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)
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 ▼ 455.70

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: SA11AI.32421

Amount of Each Receipt this Period
175.00

Bi-Weekly Payroll Deduction - 25

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 ▼ 880.76

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: SA11AI.32424

Amount of Each Receipt this Period
350.00

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 ▼ 285.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: SA11AI.32425

Amount of Each Receipt this Period
105.00

Bi-Weekly Payroll Deduction - 15

SUBTOTAL of Receipts This Page (optional) ▶ **630.00**

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 12 / 76
(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)
Stacy Bullock

Mailing Address 10453 Greenway Ave.

City Englewood State FL Zip Code 34224

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.14

Date of Receipt 09 / 22 / 2010

Transaction ID: SA11AI.32427

Amount of Each Receipt this Period 79.45

Bi-Weekly Payroll Deduction - 11.35

B.

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

Mailing Address 3908 Tricking Brook Dr.

City Richmond State VA Zip Code 23228

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 ▼ 730.74

Date of Receipt 09 / 15 / 2010

Transaction ID: SA11AI.32428

Amount of Each Receipt this Period 230.76

Bi-Weekly Payroll Deduction - 38.46

C.

Full Name (Last, First, Middle Initial)
Candace Burks-McCoy

Mailing Address 6115 North Ridge Road

City Ft. Worth State TX Zip Code 76135

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

Name of Employer HCR.ManorCare, Inc. Occupation Senior Manager Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 547.00

Date of Receipt 09 / 15 / 2010

Transaction ID: SA11AI.32429

Amount of Each Receipt this Period 186.00

Bi-Weekly Payroll Deduction - 31

SUBTOTAL of Receipts This Page (optional) ► 496.21

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 13 / 76

(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)
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 ▼ 552.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32431

Amount of Each Receipt this Period

276.00

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 ▼ 730.74

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32432

Amount of Each Receipt this Period

230.76

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 ▼ 280.44

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32435

Amount of Each Receipt this Period

94.98

Bi-Weekly Payroll Deduction - 15.83

SUBTOTAL of Receipts This Page (optional)

601.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 76

(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) ▼ 3653.89

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32437

Amount of Each Receipt this Period

1153.86

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) ▼ 243.36

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32438

Amount of Each Receipt this Period

60.00

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) ▼ 200.92

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2010

Transaction ID: SA11AI.32440

Amount of Each Receipt this Period

75.25

Bi-Weekly Payroll Deduction - 10.75

SUBTOTAL of Receipts This Page (optional)

1289.11

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 76
(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 ▼ 431.19

Date of Receipt 09 / 22 / 2010

Transaction ID: SA11AI.32441

Amount of Each Receipt this Period 151.41

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 ▼ 644.95

Date of Receipt 09 / 15 / 2010

Transaction ID: SA11AI.32442

Amount of Each Receipt this Period 207.90

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 ▼ 265.00

Date of Receipt 09 / 22 / 2010

Transaction ID: SA11AI.32443

Amount of Each Receipt this Period 70.00

Bi-Weekly Payroll Deduction - 10

SUBTOTAL of Receipts This Page (optional) ► **429.31**

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 16 / 76

(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)
Rosmary Conroy

Mailing Address 7002 Franklin Road

City State Zip Code
Mars PA 16046

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

Name of Employer Occupation
HCR ManorCare Inc. Director of Nursing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32444

Amount of Each Receipt this Period

120.00

Bi-Weekly Payroll Deduction - 20

B.

Full Name (Last, First, Middle Initial)
Lynn Creighton

Mailing Address 200 Commonwealth Dr.

City State Zip Code
Bolingbrook IL 60440

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 ▼ 299.56

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32446

Amount of Each Receipt this Period

90.00

Bi-Weekly Payroll Deduction - 15

C.

Full Name (Last, First, Middle Initial)
Victoria A Crenshaw

Mailing Address 736 Virginia Dare Dr

City State Zip Code
Virginia Beach VA 23451

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 ▼ 585.40

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32447

Amount of Each Receipt this Period

351.24

Bi-Weekly Payroll Deduction - 58.54

SUBTOTAL of Receipts This Page (optional)

561.24

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: (check only one)	PAGE 17 / 76
	<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) Johanna J Crowder		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 31524 Delaware		Transaction ID: SA11AI.32448
	City Livonia	State MI	Zip Code 48150
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
	Name of Employer HCR ManorCare Inc.	Occupation Regional Marketing Manager	Bi-Weekly Payroll Deduction - 38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 654.60	

B.	Full Name (Last, First, Middle Initial) Karen L Davidson		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 612 W. Magnolia		Transaction ID: SA11AI.32451
	City Pana	State IL	Zip Code 62557
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 336.00
	Name of Employer HCR ManorCare Inc.	Occupation Dir^ Clinical Services	Bi-Weekly Payroll Deduction - 56
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1043.00	

C.	Full Name (Last, First, Middle Initial) Gurprit Dhaliwal		Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 29934 Hazel Glen Road		Transaction ID: SA11AI.32457
	City Murrieta	State CA	Zip Code 92563
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
	Name of Employer HCR Manor Care Inc	Occupation Director of Nursing	Bi-Weekly Payroll Deduction - 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	▶	671.76
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 76
	<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) Janet E Diehl		Date of Receipt
	Mailing Address 3903 BARBARA ANN DRIVE		<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 09 / 15 / 2010
	City	State	Zip Code
	MONROEVILLE	PA	15146
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32458
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 ▼	<input type="text"/> 277.74
			Bi-Weekly Payroll Deduction - 46.29
		<input type="text"/> 965.34	

B.	Full Name (Last, First, Middle Initial) David K Donin		Date of Receipt
	Mailing Address 11608 Everglade Court		<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 09 / 22 / 2010
	City	State	Zip Code
	North Potomac	MD	20878
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32460
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"/> 210.00
			Bi-Weekly Payroll Deduction - 30
		<input type="text"/> 367.50	

C.	Full Name (Last, First, Middle Initial) Ms. Jennifer Dudd		Date of Receipt
	Mailing Address 5313 Selago 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 09 / 15 / 2010
	City	State	Zip Code
	Keller	TX	76244
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32462
Name of Employer HCR Manor Care, LLC.		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"/> 120.00
			Bi-Weekly Payroll Deduction - 20
		<input type="text"/> 240.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 607.74
TOTAL 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 19 / 76
(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 Nancy Edwards

Mailing Address 5726 Rolbesay Drive

City State Zip Code
Dublin OH 43017

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

Name of Employer Occupation
HCR.ManorCare, Inc. General Manager, Central Division

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3461.52

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.32463

Amount of Each Receipt this Period
1153.86

Bi-Weekly Payroll Deduction - 192.31

B.

Full Name (Last, First, Middle Initial)
Mr. John Ehle

Mailing Address 14400 Michaux View Way

City State Zip Code
Midlothian VA 23113

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 ▼ 209.09

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: SA11AI.32464

Amount of Each Receipt this Period
209.09

Bi-Weekly Payroll Deduction - 29.87

C.

Full Name (Last, First, Middle Initial)
Linda J Emmett

Mailing Address 10408 Meadowlark Ct. East

City State Zip Code
Bonney Lake WA 98391

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 ▼ 490.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.32467

Amount of Each Receipt this Period
180.00

Bi-Weekly Payroll Deduction - 30

SUBTOTAL of Receipts This Page (optional) ► **1542.95**

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

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

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

FOR LINE NUMBER: PAGE 20 / 76
(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 Julie Ewry
Mailing Address 5866 Apple Meadow Dr
City State Zip Code
Sylvania OH 43560
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
HCR Manor Care, LLC. Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 07 / 09 / 2010
Transaction ID: SA11AI.32247
Amount of Each Receipt this Period: 300.00
Contribution

B. Full Name (Last, First, Middle Initial)
Sara M Fielding-Russell
Mailing Address 3601 Hawthorne Dr
City State Zip Code
Richfield OH 44286
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 ▼ 314.28
Date of Receipt: 09 / 15 / 2010
Transaction ID: SA11AI.32470
Amount of Each Receipt this Period: 157.14
Bi-Weekly Payroll Deduction - 26.19

C. Full Name (Last, First, Middle Initial)
Karen L Forrest
Mailing Address 3115 Wynstone Dr
City State Zip Code
Quincy IL 62305
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 ▼ 1057.28
Date of Receipt: 09 / 15 / 2010
Transaction ID: SA11AI.32475
Amount of Each Receipt this Period: 300.00
Bi-Weekly Payroll Deduction - 50

SUBTOTAL of Receipts This Page (optional) ► 757.14
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 21 / 76

(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)
Jamie Fox

Mailing Address 705A Allentown Rd

City State Zip Code
Sellersville PA 18960

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 ▼ 428.37

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32477

Amount of Each Receipt this Period

138.48

Bi-Weekly Payroll Deduction - 23.08

B.

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

Mailing Address 2006 Hale Ct

City State Zip Code
Wyomising PA 19610

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 446.60

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32479

Amount of Each Receipt this Period

141.54

Bi-Weekly Payroll Deduction - 23.59

C.

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 ▼ 212.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32483

Amount of Each Receipt this Period

80.00

Bi-Weekly Payroll Deduction - 20

SUBTOTAL of Receipts This Page (optional)

360.02

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 / 76
(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. 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 ▼ 709.65

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.32484

Amount of Each Receipt this Period
283.86

Bi-Weekly Payroll Deduction - 47.31

B.

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 ▼ 410.20

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.32485

Amount of Each Receipt this Period
68.04

Bi-Weekly Payroll Deduction - 3.85

C.

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

Mailing Address 450 N. Frontage Rd

City State Zip Code
DownersGrove IL 60516

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 ▼ 259.56

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: SA11AI.32487

Amount of Each Receipt this Period
151.41

Bi-Weekly Payroll Deduction - 21.63

SUBTOTAL of Receipts This Page (optional) ► **503.31**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 76
	<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 Joanna Gorczyca		Date of Receipt
	Mailing Address 469 Stratford Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 09 / 2010
	City	State	Zip Code
	Union	NJ	07083
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32250
Name of Employer HCR Manor Care, LLC		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"/> 300.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Mr. Leonard Grabijas		Date of Receipt
	Mailing Address 2682 Ravine Side North		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2010
	City	State	Zip Code
	Howell	MI	48843
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32490
Name of Employer HCR Manor Care, LLC.		Occupation VP Sales & Mkting	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"/> 342.00
			Bi-Weekly Payroll Deducti- on - 57

C.	Full Name (Last, First, Middle Initial) James Grady		Date of Receipt
	Mailing Address 1311 Old Taylor Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2010
	City	State	Zip Code
	Goshen	KY	40026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32491
Name of Employer HCR Manor Care Inc		Occupation Regional Director of Operations	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"/> 342.00
			Bi-Weekly Payroll Deducti- on - 57

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 984.00
TOTAL 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 24 / 76
(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)
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) ▼ 1210.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32492

Amount of Each Receipt this Period
390.00

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) ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32495

Amount of Each Receipt this Period
90.00

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) ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32498

Amount of Each Receipt this Period
120.00

Bi-Weekly Payroll Deduction - 20

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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 25 / 76

(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) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32500

Amount of Each Receipt this Period

240.00

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) ▼ 502.68

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32501

Amount of Each Receipt this Period

171.30

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) ▼ 1049.97

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32502

Amount of Each Receipt this Period

346.14

Bi-Weekly Payroll Deduction - 57.69

SUBTOTAL of Receipts This Page (optional)

757.44

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 26 / 76
(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)
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 ▼ 363.37

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: SA11AI.32504

Amount of Each Receipt this Period
157.78

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 ▼ 637.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.32718

Amount of Each Receipt this Period
294.00

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 ▼ 322.08

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.32506

Amount of Each Receipt this Period
108.90

Bi-Weekly Payroll Deduction - 18.15

SUBTOTAL of Receipts This Page (optional) ▶ **560.68**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 76
	<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) Mary I Herman		Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 418 Highland Ave. RR#5		Transaction ID: SA11AI.32507
	City Clarks Summit	State PA	Zip Code 18411
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.70
	Name of Employer HCR ManorCare Inc.	Occupation Administrator	Bi-Weekly Payroll Deduction - 28.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 341.55	

B.	Full Name (Last, First, Middle Initial) Ms Theresa Heyde		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 202 N. Elm Hurst Rd.		Transaction ID: SA11AI.32509
	City Prospect Heights	State IL	Zip Code 60070
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
	Name of Employer HCR Manor Care, LLC.	Occupation Senior Administrator	Bi-Weekly Payroll Deduction - 30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 614.00	

C.	Full Name (Last, First, Middle Initial) Elizabeth B. Hill		Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 1285 Sunhill Drive		Transaction ID: SA11AI.32510
	City Lawrenceville	State GA	Zip Code 30043
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 122.50
	Name of Employer HCR.ManorCare, Inc.	Occupation Administrator	Bi-Weekly Payroll Deduction - 17.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 305.00	

SUBTOTAL of Receipts This Page (optional)	▶	331.20
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 28 / 76

(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)
Rodger J Hogan

Mailing Address 101 Mercury Way

City State Zip Code
Pleasant Hill CA 94523

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 ▼ 205.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.32514

Amount of Each Receipt this Period

70.00

Bi-Weekly Payroll Deduction - 10

B.

Full Name (Last, First, Middle Initial)
Sharon R Holmes

Mailing Address 3207 N. 27th St.

City State Zip Code
Tacoma WA 98407

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

Name of Employer Occupation
HCR Manor Care, Inc. Administrator in Training

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 428.80

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.32515

Amount of Each Receipt this Period

150.00

Bi-Weekly Payroll Deduction - 25

C.

Full Name (Last, First, Middle Initial)
Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City State Zip Code
Wellington FL 33414

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

Name of Employer Occupation
HCR ManorCare Inc. Asst General Mgr

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1170.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.32516

Amount of Each Receipt this Period

540.00

Bi-Weekly Payroll Deduction - 90

SUBTOTAL of Receipts This Page (optional) ▶

760.00

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 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. Mathew Hossler

Mailing Address 7818 Royal Hampton

City State Zip Code
Waterville OH 43566

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

Name of Employer Occupation
HCR Manor Care, LLC. Manager - Engineering

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.15

Date of Receipt: 09 / 15 / 2010

Transaction ID: SA11AI.32517

Amount of Each Receipt this Period: 111.90

Bi-Weekly Payroll Deduction - 18.65

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

Mailing Address 1333 Cromly Ct.

City State Zip Code
Maumee OH 43537

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 555.60

Date of Receipt: 09 / 15 / 2010

Transaction ID: SA11AI.32518

Amount of Each Receipt this Period: 125.00

Bi-Weekly Payroll Deduction - 25

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

Mailing Address 2692 Elton Circle

City State Zip Code
Lambertville MI 48144

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 09 / 15 / 2010

Transaction ID: SA11AI.32520

Amount of Each Receipt this Period: 100.00

Bi-Weekly Payroll Deduction - 20

SUBTOTAL of Receipts This Page (optional) ► 336.90

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: PAGE 30 / 76
(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) Robert G Julius		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
Mailing Address P O Box 538 Int. Train/Ctrl SVC 7		Transaction ID: SA11AI.32529
City Sylvania	State OH	Zip Code 43560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
Name of Employer HCR Manor Care, Inc.	Occupation Mgr. Business Office Process Dev.	Bi-Weekly Payroll Deducti- on - 30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 528.15	

B.

Full Name (Last, First, Middle Initial) Lisa J. Jurski		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
Mailing Address 1934 Delence Street		Transaction ID: SA11AI.32530
City Toledo	State OH	Zip Code 43605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer HCR ManorCare, Inc.	Occupation Director - Workers Comp	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 ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) Susan M Kalas		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
Mailing Address 10839 Cambria Ct.		Transaction ID: SA11AI.32531
City Huntley	State IL	Zip Code 60142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 97.26
Name of Employer HCR Manor Care, Inc.	Occupation Director of Nursing	Bi-Weekly Payroll Deducti- on - 18.63
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 331.38	

SUBTOTAL of Receipts This Page (optional)	▶	397.26
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 31 / 76
	<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) Linda Karling-Lott	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 5 Palace Green Place	Transaction ID: SA11AI.32532
	City State Zip Code Atlanta GA 30318	Amount of Each Receipt this Period 229.25
	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 ▼ 488.69	

B.	Full Name (Last, First, Middle Initial) Mrs. Kathy Karr	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 4430 Woodfield Drive	Transaction ID: SA11AI.32533
	City State Zip Code Bettendorf IA 52722	Amount of Each Receipt this Period 102.00
	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 ▼ 313.00	

C.	Full Name (Last, First, Middle Initial) Courtney L Kasper	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 2750 CR 110	Transaction ID: SA11AI.32534
	City State Zip Code Georgetown TX 78626	Amount of Each Receipt this Period 20.00
	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 ▼ 308.40	

SUBTOTAL of Receipts This Page (optional)	351.25
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 76
	<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) Vivian Kiraly		Date of Receipt
	Mailing Address 103 Kama Lane		<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 09 / 15 / 2010
	City	State	Zip Code
	Cross Lanes	WV	25313
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Transaction ID: SA11AI.32538
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"/> 475.00	<input type="text"/> 150.00
			Bi-Weekly Payroll Deduction - 25

B.	Full Name (Last, First, Middle Initial) Andrew Koha		Date of Receipt
	Mailing Address 7620 Isaac Drive		<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 09 / 15 / 2010
	City	State	Zip Code
	Middleburg Heights	OH	44130
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR Manor Care, Inc.		Occupation RDO - Central 5	Transaction ID: SA11AI.32540
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"/> 950.00	<input type="text"/> 300.00
			Bi-Weekly Payroll Deduction - 50

C.	Full Name (Last, First, Middle Initial) Amy LaFleur		Date of Receipt
	Mailing Address 207 S. Ann Arbor St.		<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 09 / 15 / 2010
	City	State	Zip Code
	Saline	MI	48176
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR. Manor Care, Inc		Occupation Regional Director of Operations	Transaction ID: SA11AI.32546
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"/> 428.84	<input type="text"/> 150.00
			Bi-Weekly Payroll Deduction - 25

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL 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 33 / 76

(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)
Barry A Lazarus

Mailing Address 2629 Liverpool Ct

City State Zip Code
Toledo OH 43617

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

Name of Employer Occupation
HCR ManorCare Inc. VP^ Reimbursement

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1001.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32549

Amount of Each Receipt this Period

462.00

Bi-Weekly Payroll Deduction - 77

B.

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

Mailing Address 13690 Highland Springs Ct

City State Zip Code
Wichita KS 67235

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

Name of Employer Occupation
HCR Manor Care, LLC. RDO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32550

Amount of Each Receipt this Period

120.00

Bi-Weekly Payroll Deduction - 20

C.

Full Name (Last, First, Middle Initial)
Deborah Lewis

Mailing Address 2432 21st Street

City State Zip Code
Wyandotte MI 48192

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 530.76

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32552

Amount of Each Receipt this Period

265.38

Bi-Weekly Payroll Deduction - 44.23

SUBTOTAL of Receipts This Page (optional)

847.38

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: (check only one)	PAGE 34 / 76
	<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		Date of Receipt
	Mailing Address 5108 Kingswood		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2010
	City	State	Zip Code
	Carmel	IN	46033
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32554
Name of Employer HCR Manor Care, Inc.		Occupation Administrator 4H	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 ▼ 431.50	<input type="text"/> 241.64
			Bi-Weekly Payroll Deduction - 34.52

B.	Full Name (Last, First, Middle Initial) Lori S Lowes		Date of Receipt
	Mailing Address 1749 Pinoak Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 11 / 2010
	City	State	Zip Code
	Carson City	NV	89703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32556
Name of Employer HCR ManorCare 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 ▼ 240.00	<input type="text"/> 60.00
			Bi-Weekly Payroll Deduction - 15

C.	Full Name (Last, First, Middle Initial) Diane Lube		Date of Receipt
	Mailing Address 1040 Pinewood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 22 / 2010
	City	State	Zip Code
	Downers Grove	IL	60516
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32557
Name of Employer HCR ManorCare 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 ▼ 235.00	<input type="text"/> 70.00
			Bi-Weekly Payroll Deduction - 10

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 371.64
TOTAL 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 / 76
(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) Carrie Lund		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
Mailing Address 14802 Dunston Place		Transaction ID: SA11AI.32558
City Tampa	State FL	Zip Code 33618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 276.00
Name of Employer HCR Manor Care, Inc.	Occupation Sr. Administrator - Palm Harbor	Bi-Weekly Payroll Deduction - 46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 874.00	

B.

Full Name (Last, First, Middle Initial) Sephane M Marcotullio		Date of Receipt MM / DD / YYYY 09 / 22 / 2010
Mailing Address 49895 Waterstone Estates Circle		Transaction ID: SA11AI.32559
City Northville	State MI	Zip Code 48168
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 122.15
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-Weekly Payroll Deduction - 17.45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.49	

C.

Full Name (Last, First, Middle Initial) Barbara Marshall		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
Mailing Address 26570 Chad Court		Transaction ID: SA11AI.32561
City Hemet	State CA	Zip Code 92544
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.88
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-Weekly Payroll Deduction - 12.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.72	

SUBTOTAL of Receipts This Page (optional)	476.03
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 76
	<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) Nancy F Mason		Date of Receipt
	Mailing Address 56 Holden 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 09 / 22 / 2010
	City	State	Zip Code
	Martinsburg	WV	25401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32566
Name of Employer HCR ManorCare 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 ▼ 238.46	<input type="text"/> 94.22
			Bi-Weekly Payroll Deduction - 13.46

B.	Full Name (Last, First, Middle Initial) Frances Mastel		Date of Receipt
	Mailing Address 1807 Derian Drive		<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 09 / 15 / 2010
	City	State	Zip Code
	Aberdeen	SD	57401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32569
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 ▼ 255.00	<input type="text"/> 90.00
			Bi-Weekly Payroll Deduction - 15

C.	Full Name (Last, First, Middle Initial) Ms. Janet Mastrangelo (Howells)		Date of Receipt
	Mailing Address 266 Crossing Creek North		<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 09 / 15 / 2010
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32570
Name of Employer HCR.ManorCare, Inc.		Occupation Assistant Vice President of Rehab	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 ▼ 1361.51	<input type="text"/> 415.38
			Bi-Weekly Payroll Deduction - 69.23

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 599.60
TOTAL 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 37 / 76
(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)
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 ▼ 525.53

Date of Receipt 09 / 15 / 2010

Transaction ID: SA11AI.32571

Amount of Each Receipt this Period 167.88

Bi-Weekly Payroll Deduction - 27.98

B.

Full Name (Last, First, Middle Initial)
William J McDaniel II

Mailing Address 7420 Nightingale Dr. #13

City Holland State OH Zip Code 45328

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 ▼ 387.70

Date of Receipt 09 / 15 / 2010

Transaction ID: SA11AI.32573

Amount of Each Receipt this Period 101.22

Bi-Weekly Payroll Deduction - 16.87

C.

Full Name (Last, First, Middle Initial)
Murry J Mercier

Mailing Address 7110 Oak Bluff Lane

City Maumee State OH Zip Code 43537

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

Name of Employer HCR ManorCare Inc Occupation VP Dir of Information Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.89

Date of Receipt 09 / 15 / 2010

Transaction ID: SA11AI.32576

Amount of Each Receipt this Period 1153.86

Bi-Weekly Payroll Deduction - 192.31

SUBTOTAL of Receipts This Page (optional) ► 1422.96

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 / 76
	<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) Scott Miller		Date of Receipt
	Mailing Address 198 Old Mill Drive		<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 09 / 15 / 2010
	City	State	Zip Code
	Langhorne	PA	19047
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32580
Name of Employer HCR ManorCare Inc.		Occupation Sr 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 ▼ 963.54	<input type="text"/> 308.10
			Bi-Weekly Payroll Deduction - 51.35

B.	Full Name (Last, First, Middle Initial) Ms Susan Morey		Date of Receipt
	Mailing Address 700 Hunters 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 07 / 21 / 2010
	City	State	Zip Code
	Mohnton	PA	19540
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32242
Name of Employer HCR ManorCare, Inc.		Occupation Regional Director of Operations	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 ▼ 1605.00	<input type="text"/> 1000.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Deborah T Mullane		Date of Receipt
	Mailing Address 808 Latshaw Rd.		<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 09 / 15 / 2010
	City	State	Zip Code
	Spring City	PA	19475
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32585
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 ▼ 301.49	<input type="text"/> 99.66
			Bi-Weekly Payroll Deduction - 16.61

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1407.76
TOTAL 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 / 76
(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) Melinda K Muller		Date of Receipt MM / DD / YYYY 09 / 22 / 2010
Mailing Address 31682 Corte Encinas		Transaction ID: SA11AI.32586
City Temecula	State CA	Zip Code 92592
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 245.00
Name of Employer HCR Manor Care Inc	Occupation Administrator	Bi-Weekly Payroll Deduction - 35
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

B.

Full Name (Last, First, Middle Initial) Ms Kathleen Murdock		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
Mailing Address 2599 Dolly Bay Dr		Transaction ID: SA11AI.32588
City Palm Harbor	State FL	Zip Code 34684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 103.86
Name of Employer HCR Manor Care, Inc.	Occupation Manager - Marketing	Bi-Weekly Payroll Deduction - 17.31
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.72	

C.

Full Name (Last, First, Middle Initial) Kevin Murphy		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
Mailing Address 6751 Hamsford Circle		Transaction ID: SA11AI.32589
City Toledo	State OH	Zip Code 43617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer HCR Manor Care, Inc.	Occupation Regional Dir of Ops	Bi-Weekly Payroll Deduction - 10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

SUBTOTAL of Receipts This Page (optional)	408.86
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 / 76

(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)
Terrance Murphy

Mailing Address 2379 Schaffer Road

City State Zip Code
Pottstown PA 19464

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 ▼ 515.18

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32590

Amount of Each Receipt this Period

162.72

Bi-Weekly Payroll Deduction - 27.12

B.

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

Mailing Address 29378 Lindsay 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 Ops Support - Central

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32591

Amount of Each Receipt this Period

150.00

Bi-Weekly Payroll Deduction - 25

C.

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 ▼ 1709.62

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32594

Amount of Each Receipt this Period

539.88

Bi-Weekly Payroll Deduction - 89.98

SUBTOTAL of Receipts This Page (optional)

852.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 76
(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)
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 ▼ 1788.38

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.32595

Amount of Each Receipt this Period 461.52

Bi-Weekly Payroll Deduction - 76.92

B.

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 ▼ 1096.11

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.32598

Amount of Each Receipt this Period 346.14

Bi-Weekly Payroll Deduction - 57.69

C.

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 ▼ 242.28

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.32600

Amount of Each Receipt this Period 121.14

Bi-Weekly Payroll Deduction - 20.19

SUBTOTAL of Receipts This Page (optional) ► 928.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 76
	<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. Annette Orlowski		Date of Receipt
	Mailing Address 669 Highway 60		<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 09 / 15 / 2010
	City	State	Zip Code
	Cedarburg	WI	53012
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32601
Name of Employer HCR.ManorCare, Inc.		Occupation Director, 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 ▼ 887.57	<input type="text"/> 324.65
			Bi-Weekly Payroll Deduction - 64.93

B.	Full Name (Last, First, Middle Initial) Brett Ottley		Date of Receipt
	Mailing Address 4436 White Fish 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 09 / 22 / 2010
	City	State	Zip Code
	Reno	NV	89511
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32602
Name of Employer HCR Manor Care, LLC.		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 ▼ 398.04	<input type="text"/> 232.19
			Bi-Weekly Payroll Deduction - 33.17

C.	Full Name (Last, First, Middle Initial) Mr. David Parker		Date of Receipt
	Mailing Address 2154 Tremont 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 09 / 15 / 2010
	City	State	Zip Code
	Columbus	OH	43212
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32603
Name of Employer HCR.ManorCare, Inc.		Occupation VP Assistant General 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 ▼ 2402.92	<input type="text"/> 778.86
			Bi-Weekly Payroll Deduction - 129.81

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1335.70
TOTAL 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 43 / 76
(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)
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 ▼ 3456.00

Date of Receipt 09 / 15 / 2010

Transaction ID: SA11AI.32604

Amount of Each Receipt this Period 1152.00

Bi-Weekly Payroll Deduction - 192

B.

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 ▼ 335.00

Date of Receipt 09 / 15 / 2010

Transaction ID: SA11AI.32606

Amount of Each Receipt this Period 180.00

Bi-Weekly Payroll Deduction - 30

C.

Full Name (Last, First, Middle Initial)
Luke T Pile

Mailing Address 6690 Hauser Rd C-205

City Macungie State PA Zip Code 18062

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 ▼ 386.82

Date of Receipt 09 / 15 / 2010

Transaction ID: SA11AI.32607

Amount of Each Receipt this Period 139.32

Bi-Weekly Payroll Deduction - 23.22

SUBTOTAL of Receipts This Page (optional) ► **1471.32**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 76
(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)
Clifton J Porter II

Mailing Address 3929 Azalea Circle

City Maumee State OH Zip Code 43537

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1244.31

Date of Receipt 09 / 15 / 2010

Transaction ID: SA11AI.32609

Amount of Each Receipt this Period 393.48

Bi-Weekly Payroll Deduction - 65.58

B.

Full Name (Last, First, Middle Initial)
Cherilyn J Poulsen

Mailing Address 15704 Cranberry Ln.

City Silver Spring State MD Zip Code 20906

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 21 / 2010

Transaction ID: SA11AI.32243

Amount of Each Receipt this Period 250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Michael J Reed

Mailing Address 3899 Midshore Drive

City Naples State FL Zip Code 34109

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

Name of Employer HCR Manor Care, Inc. Occupation VP Assisted Living Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.21

Date of Receipt 09 / 15 / 2010

Transaction ID: SA11AI.32613

Amount of Each Receipt this Period 1153.86

Bi-Weekly Payroll Deduction - 192.31

SUBTOTAL of Receipts This Page (optional) ► **1797.34**

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 45 / 76
(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)
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 ▼ 698.86

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.32615

Amount of Each Receipt this Period
222.00

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 ▼ 812.50

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.32616

Amount of Each Receipt this Period
300.00

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 ▼ 2826.90

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.32617

Amount of Each Receipt this Period
1130.76

Bi-Weekly Payroll Deduction - 188.46

SUBTOTAL of Receipts This Page (optional) ► **1652.76**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 76
	<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) 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. C		Transaction ID: SA11AI.32620
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 ▼ 221.72	87.08
			Bi-Weekly Payroll Deduction - 12.44

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. C		Transaction ID: SA11AI.32621
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 ▼ 595.00	150.00
			Bi-Weekly Payroll Deduction - 25

C.	Full Name (Last, First, Middle Initial) Damian M Rodgers		Date of Receipt
	Mailing Address 4647 Calico Court		<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
	Monclova	OH	43542
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32622
Name of Employer HCR Manor Care, Inc.		Occupation Legal Counsel	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 ▼ 722.00	228.00
			Bi-Weekly Payroll Deduction - 38

SUBTOTAL of Receipts This Page (optional)	465.08
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 76
	<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) Lynette M Rugg	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 1348 Oakland Circle	Transaction ID: SA11AI.32625
	City State Zip Code N. Aurora IL 60542	Amount of Each Receipt this Period 168.36
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 28.06
	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 ▼ 593.41	

B.	Full Name (Last, First, Middle Initial) Richard G Rump	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 2423 Heather Glen Dr	Transaction ID: SA11AI.32626
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 323.10
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 53.85
	Name of Employer Occupation HCR ManorCare Inc. Dir^ Corporate Communication	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1023.15	

C.	Full Name (Last, First, Middle Initial) Angela G Russo	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 4950 Cypress Pike Circle Unit 101	Transaction ID: SA11AI.32627
	City State Zip Code Virginia Beach VA 23455	Amount of Each Receipt this Period 186.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 31
	Name of Employer Occupation HCR Manor Care, Inc. Gen Mgr Central Div 4H	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 853.00	

SUBTOTAL of Receipts This Page (optional)	677.46
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 48 / 76
(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 ▼ 482.22

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.32629

Amount of Each Receipt this Period
152.28

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 ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2010

Transaction ID: SA11AI.32630

Amount of Each Receipt this Period
175.00

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2010

Transaction ID: SA11AI.32631

Amount of Each Receipt this Period
175.00

Bi-Weekly Payroll Deduction - 25

SUBTOTAL of Receipts This Page (optional) ► **502.28**

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 49 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Mr. Edward Schuch		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2010		
	Mailing Address 304 Adriana Court		Transaction ID: SA11AI.32632		
	City Northhampton	State PA	Zip Code 18067	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction - 25		
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Aggregate Year-to-Date 481.72		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Kenneth P Schuster		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2010		
	Mailing Address 2074 Cameo		Transaction ID: SA11AI.32633		
	City Lewisville	State TX	Zip Code 75067	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction - 25		
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Aggregate Year-to-Date 490.30		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Gregory Seiple		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2010		
	Mailing Address 1102 Meily Street		Transaction ID: SA11AI.32634		
	City Lebanon	State PA	Zip Code 17046	Amount of Each Receipt this Period 38.48	
	FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction - 9.62		
	Name of Employer HCR Manor Care, Inc.	Occupation Senior Consultant Systems	Aggregate Year-to-Date 258.48		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	338.48
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 / 76
	<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) Joyce Louise Smith	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 3521 Cedar Creek Court	Transaction ID: SA11AI.32638
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 1310.76
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 218.46
Name of Employer HCR ManorCare Inc.	Occupation VP^ Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3941.54	

B.	Full Name (Last, First, Middle Initial) David W Snyder Jr	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 3117 Terry Dr. SE	Transaction ID: SA11AI.32640
	City State Zip Code Cedar Rapids IA 52403	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 15
Name of Employer HCR ManorCare Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

C.	Full Name (Last, First, Middle Initial) Marionlee J Specter	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 5286 Sell Road	Transaction ID: SA11AI.32641
	City State Zip Code New Tripoli PA 18066	Amount of Each Receipt this Period 54.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction - 27
Name of Employer HCR ManorCare Inc.	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.00	

SUBTOTAL of Receipts This Page (optional)	1469.76
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 51 / 76
	<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) Arthur Spencer		Date of Receipt
	Mailing Address 1669 Belleville Way # J		<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
	Sunnyvale	CA	94087
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32642
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"/>
		<input type="text"/> 279.12	Bi-Weekly Payroll Deduction - 23.26

B.	Full Name (Last, First, Middle Initial) Mr. Alan Stewart		Date of Receipt
	Mailing Address 571 Dorado 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
	City	State	Zip Code
	Fairborn	OH	45324
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32645
Name of Employer HCR Manor Care, LLC.		Occupation Employee Relations Consultant	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"/>
		<input type="text"/> 240.00	Bi-Weekly Payroll Deduction - 20

C.	Full Name (Last, First, Middle Initial) Jane L Stilwell		Date of Receipt
	Mailing Address 2351 S. Rogers		<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
	Springfield	MO	65804
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32646
Name of Employer HCR Manor Care, Inc.		Occupation Mobile 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"/>
		<input type="text"/> 750.00	Bi-Weekly Payroll Deduction - 25

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 432.82
TOTAL 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 52 / 76
	<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) Sherri L Stoltzfus		Date of Receipt MM / DD / YYYY 09 / 15 / 2010		
	Mailing Address 119 East Manor Dr.		Transaction ID: SA11AI.32648		
	City Lititz	State PA	Zip Code 17543	Amount of Each Receipt this Period 120.00	
	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 366.25		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Colette Storck		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 28490 Wynecako Ave		Transaction ID: SA11AI.32649		
	City Millsboro	State DE	Zip Code 19966	Amount of Each Receipt this Period 210.00	
	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 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Ms. Victoria Strom		Date of Receipt MM / DD / YYYY 09 / 15 / 2010		
	Mailing Address Route 1		Transaction ID: SA11AI.32651		
	City Victoria	State IL	Zip Code 61485	Amount of Each Receipt this Period 90.00	
	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 435.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	420.00
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 53 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Mr. Eric Talbert		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 7231 Stonewater Ct		Transaction ID: SA11AI.32655
	City Maumee	State OH	Zip Code 43537
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
	Name of Employer HCR Manor Care, Inc.	Occupation Div. Director of Operations Support	Bi-Weekly Payroll Deduction - 20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	

B.	Full Name (Last, First, Middle Initial) Cyndi K Taplin		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 5405 Buttrick SE		Transaction ID: SA11AI.32656
	City Alto	State MI	Zip Code 49302
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
	Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Ops	Bi-Weekly Payroll Deduction - 75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1494.20	

C.	Full Name (Last, First, Middle Initial) Rami Ubaydi		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 27134 Pumpkin Street		Transaction ID: SA11AI.32663
	City Murrieta	State CA	Zip Code 92562
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 342.00
	Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Operations	Bi-Weekly Payroll Deduction - 57
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 949.00	

SUBTOTAL of Receipts This Page (optional)	▶	912.00
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 54 / 76
	<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) Christine E Wade		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 1307 Bramblewood		Transaction ID: SA11AI.32665
	City Tecumseh	State MI	Zip Code 49286
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer HCR Manor Care, Inc.	Occupation Mgr. Market Development	Bi-Weekly Payroll Deduction - 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Teresa A Weckle		Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 1000 Little Creek		Transaction ID: SA11AI.32666
	City Perrysburg	State OH	Zip Code 43551
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer HCR ManorCare Inc.	Occupation Director Business Systems	Bi-Weekly Payroll Deduction - 40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Toni Y Williams		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 141 Boiling Spring Cir		Transaction ID: SA11AI.32668
	City Southern Pines	State NC	Zip Code 28387
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
	Name of Employer HCR ManorCare Inc.	Occupation Admin Dir Of Nursing Serv	Bi-Weekly Payroll Deduction - 20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	410.00
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 55 / 76

(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)
Mark A Wilson

Mailing Address 140 Packet Drive

City State Zip Code
Charles Town WV 25414

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 ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.32669

Amount of Each Receipt this Period

150.00

Bi-Weekly Payroll Deduction - 25

B.

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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 848.34

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.32670

Amount of Each Receipt this Period

150.00

Bi-Weekly Payroll Deduction - 25

C.

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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.32672

Amount of Each Receipt this Period

48.00

Bi-Weekly Payroll Deduction - 8

SUBTOTAL of Receipts This Page (optional) ▶

348.00

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 56 / 76
(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)
Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City Toledo State OH Zip Code 43613

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

Name of Employer HCR ManorCare Inc. Occupation Senior Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 790.75

Date of Receipt 09 / 15 / 2010
Transaction ID: SA11AI.32674
Amount of Each Receipt this Period 253.86
Bi-Weekly Payroll Deduction - 42.31

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

Mailing Address 18910 Mallard Cove

City Middleburg Heights State OH Zip Code 44130

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

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt 09 / 15 / 2010
Transaction ID: SA11AI.32675
Amount of Each Receipt this Period 96.00
Bi-Weekly Payroll Deduction - 16

SUBTOTAL of Receipts This Page (optional) ► 349.86

TOTAL This Period (last page this line number only) ► 36708.79

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 76
(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)
Denise Grimsley Campaign

Mailing Address P.O. Box 822

City	State	Zip Code
Lake Placid	FL	33862

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

Name of Employer	Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	1	0

Transaction ID: SA16.32391

Amount of Each Receipt this Period

500.00

Refund of original contribution made 6/3/2010

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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.32707
Date of Disbursement

Mailing Address P.O. Box 5065

/

City Cleveland State OH Zip Code 44101-0065

Amount of Each Disbursement this Period

Purpose of Disbursement
Service Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB21B.32708
Date of Disbursement

Mailing Address P.O. Box 5065

/

City Cleveland State OH Zip Code 44101-0065

Amount of Each Disbursement this Period

Purpose of Disbursement
Service Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB21B.32709
Date of Disbursement

Mailing Address P.O. Box 5065

/

City Cleveland State OH Zip Code 44101-0065

Amount of Each Disbursement this Period

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) ▶

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)

PAGE 59 / 76

<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.32710

Date of Disbursement

Mailing Address P.O. Box 5065

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

City Cleveland State OH Zip Code 44101-0065

Amount of Each Disbursement this Period

1.75

Purpose of Disbursement
Service Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1.75

TOTAL This Period (last page this line number only)

68.20

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 60 / 76

<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) ALLIANCE FOR QUALITY NURSING HOME CARE INC POLITICAL ACTION COMMITTEE (AQNH PAC)	Transaction ID: SB23.32347
	Mailing Address 1001 PENNSYLVANIA AVE NW SUITE 600	Date of Disbursement 09 / 15 / 2010
	City WASHINGTON State DC Zip Code 20004	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Donation	012 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS	Transaction ID: SB23.32357
	Mailing Address P.O. Box 2232	Date of Disbursement 09 / 24 / 2010
	City Jenkintown State PA Zip Code 19046	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution for event held September 29th.	011 Category/ Type
	Candidate Name ALLYSON Y. SCHWARTZ	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS	Transaction ID: SB23.32279
	Mailing Address 555 Capitol Mall Suite 1425	Date of Disbursement 08 / 05 / 2010
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution for event held on Aug 15th.	011 Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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) BARBARA LEE FOR CONGRESS Mailing Address 1736 Franklin Street #550 City Oakland State CA Zip Code 94612 Purpose of Disbursement Contribution Candidate Name Ms BARBARA LEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.32290 Date of Disbursement 08 / 10 / 2010 Amount of Each Disbursement this Period 3000.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS Mailing Address P.O. Box 261060 City Los Angeles State CA Zip Code 90026 Purpose of Disbursement Contribution for event held Sept 28th. Candidate Name XAVIER BECERRA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.32354 Date of Disbursement 09 / 24 / 2010 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) BENNET FOR COLORADO Mailing Address 1900 GRANT STREET SUITE 1170 City DENVER State CO Zip Code 80203 Purpose of Disbursement Contribution for event held on Aug 24th. Candidate Name MICHAEL F BENNET Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.32308 Date of Disbursement 08 / 19 / 2010 Amount of Each Disbursement this Period 1500.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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) BLUMENAUER FOR CONGRESS	Transaction ID: SB23.32296
	Mailing Address 830 NE Holladay, #105	Date of Disbursement 08 / 16 / 2010
	City Portland State OR Zip Code 97232	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution for event held on Sept 1st.	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BOEHNER FOR SPEAKER COMMITTEE	Transaction ID: SB23.32321
	Mailing Address 631-B Pennsylvania Ave., SE Basement Unit	Date of Disbursement 08 / 23 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 9000.00
	Purpose of Disbursement Donation	012 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS	Transaction ID: SB23.32344
	Mailing Address 84-56 Grand Avenue	Date of Disbursement 09 / 13 / 2010
	City Elmhurst State NY Zip Code 11373	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution for Event to be held on Sept 20th.	011 Category/ Type
	Candidate Name JOSEPH CROWLEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	12000.00
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) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	Transaction ID: SB23.32333
	Mailing Address 120 MARYLAND AVENUE NE	Date of Disbursement MM / DD / YYYY 09 / 09 / 2010
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution for event held Sept 15th.	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) DOLD FOR CONGRESS	Transaction ID: SB23.32229
	Mailing Address PO Box 8145	Date of Disbursement MM / DD / YYYY 07 / 22 / 2010
	City Northfield State IL Zip Code 60093	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Donations	Category/ Type 012
	Candidate Name Mr. ROBERT JAMES MR. DOLD JR., Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 10	

C.	Full Name (Last, First, Middle Initial) DRIEHAUS FOR CONGRESS	Transaction ID: SB23.32330
	Mailing Address 650 Fox Trails Way	Date of Disbursement MM / DD / YYYY 08 / 30 / 2010
	City Cincinnati State OH Zip Code 45233	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution for event held on Sept 2nd.	Category/ Type 011
	Candidate Name STEVEN L DRIEHAUS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 01	

SUBTOTAL of Disbursements This Page (optional)	8000.00
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)
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Contribution for event held on July 14th

Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: SB23.32222
Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF DENNIS ROSS

Mailing Address PO BOX 7310

City LAKELAND State FL Zip Code 33807

Purpose of Disbursement
Donations

Candidate Name
Mr. DENNIS ALAN ROSS

012
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: FL District: 12

Transaction ID: SB23.32239
Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address 7908 Cincinnati Dayton Road Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Donation

Candidate Name
JOHN A BOEHNER

012
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: OH District: 08

Transaction ID: SB23.32320
Date of Disbursement

08 / 23 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

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) GARDNER FOR CONGRESS Mailing Address PO BOX 2408 City LOVELAND State CO Zip Code 80539 Purpose of Disbursement Donations Candidate Name CORY GARDNER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.32225 Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2010 Amount of Each Disbursement this Period 1000.00 Category/ Type 012
B.	Full Name (Last, First, Middle Initial) HOEVEN FOR SENATE Mailing Address PO BOX 15114 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement Contribution for event held Oct 6th. Candidate Name JOHN HOEVEN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.32381 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010 Amount of Each Disbursement this Period 1500.00 Category/ Type 005
C.	Full Name (Last, First, Middle Initial) HOLDING ONTO OREGON'S PRIORITIES Mailing Address PO Box 3314 City Portland State OR Zip Code 97208 Purpose of Disbursement Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.32318 Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2010 Amount of Each Disbursement this Period 2500.00 Category/ Type 012

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

<p>A. Full Name (Last, First, Middle Initial) Iott for Congress</p> <p>Mailing Address 28276 Kensington Lane</p> <p>City Perrysburg State OH Zip Code 43551</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name Mr. Richard Iott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.32270 Date of Disbursement 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>012 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) JIM RENACCI FOR CONGRESS</p> <p>Mailing Address 150 SMOKERISE DR</p> <p>City WADSWORTH State OH Zip Code 44281</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name JAMES B RENACCI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.32223 Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>012 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) KIRK FOR SENATE</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement Donations</p> <p>Candidate Name Mr. MARK STEVEN KIRK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.32233 Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>012 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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) KIRK FOR SENATE	Transaction ID: SB23.32351 Date of Disbursement
	Mailing Address P.O. Box 8	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution for Special Election	<input type="text" value="5000.00"/>
	Candidate Name Mr. MARK STEVEN KIRK	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General

B.	Full Name (Last, First, Middle Initial) MAJORITY COMMITTEE PAC--MC PAC	Transaction ID: SB23.32293 Date of Disbursement
	Mailing Address P.O. BOX 10134	<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City BAKERSFIELD State CA Zip Code 93389	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution for event held on Aug 31st.	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHELE ROLLINS CONGRESS 2010	Transaction ID: SB23.32269 Date of Disbursement
	Mailing Address PO BOX 1026	<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City WILMINGTON State DE Zip Code 19899	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution for event held Aug 9th.	<input type="text" value="1000.00"/>
	Candidate Name MICHELE M ROLLINS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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) MIKE CRAPO FOR US SENATE <hr/> Mailing Address PO BOX 1948 <hr/> City BOISE State ID Zip Code 83701 <hr/> Purpose of Disbursement Contribution for event held on Aug 25th. Candidate Name MICHAEL D CRAPO <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 00	Transaction ID: SB23.32303 Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS <hr/> Mailing Address 5429 Madison Avenue <hr/> City Sacramento State CA Zip Code 95841 <hr/> Purpose of Disbursement Contribution for event held on Aug 15th. Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.32281 Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE <hr/> Mailing Address 320 FIRST STREET <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement Contribution for event held on Aug 12th. Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.32284 Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2010
	Amount of Each Disbursement this Period 3500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SB23.32332
Date of Disbursement

Mailing Address 320 FIRST STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	0

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution for event held Sept 14th.

011
Category/ Type

500.00

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Transaction ID: SB23.32353
Date of Disbursement

Mailing Address 425 SECOND STREET NE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	0

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution for event held on Sept 29th.

011
Category/ Type

5000.00

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
PAT MEEHAN FOR CONGRESS

Transaction ID: SB23.32372
Date of Disbursement

Mailing Address 50 S. Providence Road
PO BOX 308

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

City Media State PA Zip Code 19063

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution for event held on September 28th.

011
Category/ Type

1000.00

Candidate Name
PATRICK L MEEHAN

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: PA District: 07

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Toomey For Senate <hr/> Mailing Address 2720 Jordan Road <hr/> City Orefield State PA Zip Code 18069 <hr/> Purpose of Disbursement Contribution for event held Sept 1th. Candidate Name Mr. Patrick Toomey <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.32334 Date of Disbursement MM / DD / YYYY 09 / 09 / 2010
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) WYDEN FOR SENATE <hr/> Mailing Address 123 NE 3RD SUITE 321 <hr/> City PORTLAND State OR Zip Code 97232 <hr/> Purpose of Disbursement Contribution for events held on 9/1 and 9/12. Candidate Name RONALD LEE WYDEN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.32309 Date of Disbursement MM / DD / YYYY 08 / 19 / 2010
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

86500.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Alex Sink for Governor	Transaction ID: SB29.32283 Date of Disbursement 08 / 06 / 2010
	Mailing Address P.O. Box 75590	Amount of Each Disbursement this Period 500.00
	City Tampa State FL Zip Code 33675	
	Purpose of Disbursement Contribution for event held on Aug 26th.	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens for Josh Mandel	Transaction ID: SB29.32221 Date of Disbursement 07 / 06 / 2010
	Mailing Address 2119 Cottingham Drive	Amount of Each Disbursement this Period 2000.00
	City Lyndhurst State OH Zip Code 44124	
	Purpose of Disbursement Contribution for event held on July 19th.	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens for Josh Mandel	Transaction ID: SB29.32352 Date of Disbursement 09 / 24 / 2010
	Mailing Address 2119 Cottingham Drive	Amount of Each Disbursement this Period 1200.00
	City Lyndhurst State OH Zip Code 44124	
	Purpose of Disbursement Donation	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3700.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney Mailing Address 357 E. Torrance Rd. City Columbus State OH Zip Code 43214 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.32307 Date of Disbursement 08 / 16 / 2010 Amount of Each Disbursement this Period 250.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Committee to elect Waniewski Mailing Address P.O. Box 8904 City Toledo State OH Zip Code 43623 Purpose of Disbursement Contribution for event held on Sept 14th. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.32329 Date of Disbursement 08 / 30 / 2010 Amount of Each Disbursement this Period 500.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Linda Evans Parlette Mailing Address P.O. Box 2151 City Wenatchee State WA Zip Code 98801 Purpose of Disbursement Contribution for event held on Sept 14th. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.32327 Date of Disbursement 08 / 30 / 2010 Amount of Each Disbursement this Period 500.00 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Dave Yost for Auditor of State <hr/> Mailing Address 110 Polaris Parkway Suite 210 <hr/> City Westerville State OH Zip Code 43082 <hr/> Purpose of Disbursement Contribution for event in October Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.32326 Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) Friends of Jay Goyal <hr/> Mailing Address 810 Piper Rd. <hr/> City Mansfield State OH Zip Code 44905 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.32304 Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2010
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) Governor Branstad 2010 <hr/> Mailing Address 1324-274th Lane <hr/> City Boone State IA Zip Code 50036 <hr/> Purpose of Disbursement Contribution for event held on August 19th. Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.32715 Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Liias for Legislature <hr/> Mailing Address P.O. Box 821 <hr/> City Mukilteo State WA Zip Code 98275 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB29.32275 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	012 Category/ Type	
B.	Full Name (Last, First, Middle Initial) Strickland for Governor <hr/> Mailing Address 65 East State Street Suite 1800 <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement Donations Candidate Name	Transaction ID: SB29.32240 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
C.	Full Name (Last, First, Middle Initial) Team Burke <hr/> Mailing Address 275 W. 4th St. <hr/> City Marysville State OH Zip Code 43040 <hr/> Purpose of Disbursement Contribution at September meeting Candidate Name	Transaction ID: SB29.32339 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0	Amount of Each Disbursement this Period 250.00
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Terry Johnson for State Rep <hr/> Mailing Address 74A McDanial Rd <hr/> City McDermott State OH Zip Code 45652 <hr/> Purpose of Disbursement Contribution at September meeting Candidate Name	Transaction ID: SB29.32338 Date of Disbursement 09 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 250.00
B. Full Name (Last, First, Middle Initial) Yost for Auditor <hr/> Mailing Address 110 Polaris Pkwy Suite 210 <hr/> City Westerville State OH Zip Code 43082 <hr/> Purpose of Disbursement Political Contribution Candidate Name	Transaction ID: SB29.32373 Date of Disbursement 09 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	12200.00