

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HCR MANOR CARE PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="11344.69"/>	<input type="text" value="11344.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="29201.67"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="49936.64"/>	<input type="text" value="110845.07"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="79138.31"/>	<input type="text" value="122189.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="67148.80"/>	<input type="text" value="110200.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11989.51"/>	<input type="text" value="11989.51"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
HCR MANOR CARE PAC

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

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).....	38934.16	78987.62
(ii) Unitemized	6001.22	16855.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	44935.38	95843.17
(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)	44935.38	95843.17
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	15000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.26	1.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	49936.64	110845.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49936.64	110845.07

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	203.80	255.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	203.80	255.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53600.00	96100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	13345.00	13845.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67148.80	110200.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67148.80	110200.25

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	44935.38	95843.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44935.38	95843.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	203.80	255.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	203.80	255.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial) A. Martin D Allen		Date of Receipt
Mailing Address 7151 Whispering Oak		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Sylvania	OH	43560
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.38281
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1153.86"/>
Name of Employer	Occupation	Payroll Deduction
HCR ManorCare Inc.	AVP / Dir Internal Aud & Risk	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2307.72"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Darrin L Ammons		Date of Receipt
Mailing Address 1429 Autumn Drive		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Findlay	OH	45840
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.38283
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="389.46"/>
Name of Employer	Occupation	Payroll Deduction
HCR ManorCare Inc.	Information Services Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="389.46"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nancy Ayers		Date of Receipt
Mailing Address 5184 N Quail Crest Dr		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Grand Rapids	MI	49546
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.38286
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="112.00"/>
Name of Employer	Occupation	Payroll Deduction
HCR Manor Care	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="246.40"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1655.32"/>
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 7 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Paul J Barber
 Full Name (Last, First, Middle Initial)
 Mailing Address 6240 N. Broadway
 City State Zip Code
 Freeport MI 49325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR ManorCare, Inc. Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 415.03

Date of Receipt
 06 / 30 / 2014
Transaction ID : SA11AI.38288
 Amount of Each Receipt this Period
 188.65
 Bi Weekly Payroll Deduction

B. Ms Tammy Barker
 Full Name (Last, First, Middle Initial)
 Mailing Address 4521 Sutton Rd
 City State Zip Code
 Britton MI 49229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR Manor Care, LLC. AVP - Quality Support Svcs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 339.56

Date of Receipt
 06 / 30 / 2014
Transaction ID : SA11AI.38289
 Amount of Each Receipt this Period
 123.56
 Bi Weekly Payroll Deduction

C. Jocelyn Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 169th Court NE
 City State Zip Code
 Bradenton FL 34212
 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 ▼
 334.56

Date of Receipt
 06 / 30 / 2014
Transaction ID : SA11AI.38290
 Amount of Each Receipt this Period
 334.56
 Bi Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 646.77
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 448 Woodcrest Drive

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38292

Amount of Each Receipt this Period
175.44

Bi Weekly Payroll Deduction

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

Mailing Address 7060 Middlebury

City Lambertville State MI Zip Code 48144

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

Name of Employer HCR ManorCare Inc. Occupation Internal Training Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38293

Amount of Each Receipt this Period
210.00

Bi Weekly Payroll Deduction

C. Ms Julie Beckert
Full Name (Last, First, Middle Initial)

Mailing Address 3911 Buell

City Toledo State OH Zip Code 43613

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38295

Amount of Each Receipt this Period
50.00

Bi Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **435.44**

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: (check only one)	PAGE 9 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial) A. Richard Black		Date of Receipt MM / DD / YYYY 04 / 25 / 2014 Transaction ID : SA11AI.38242
Mailing Address 2409 Drummond Rd		Amount of Each Receipt this Period 500.00
City Toledo	State OH	Zip Code 43616
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer HCR ManorCare	Occupation Corporate Rehab Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Amy Brauer (Kurzynske)		Date of Receipt MM / DD / YYYY 04 / 22 / 2014 Transaction ID : SA11AI.38227
Mailing Address 552 Alpine Dr		Amount of Each Receipt this Period 250.00
City Oconto Falls	State WI	Zip Code 54154
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer HCR ManorCare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David Burke		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38312
Mailing Address 425 Kingwood Rd		Amount of Each Receipt this Period 230.82
City Linthicum Heights	State MD	Zip Code 21090
FEC ID number of contributing federal political committee. C	Contribution	
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 ▼ 461.64	

SUBTOTAL of Receipts This Page (optional).....▶	980.82
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 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Ms. Cecilia Credille
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 Hevern Drive
 City Wheaton State IL Zip Code 60187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR.ManorCare, Inc. Occupation Regional Director of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : SA11AI.38241
 Amount of Each Receipt this Period
 300.00
 Contribution

B. Denise F Curry
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Vilsack Road
 City Allegheny State PA Zip Code 15116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR. Manor Care, Inc Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38322
 Amount of Each Receipt this Period
 253.84
 BI Weekly Payroll Deduction

C. Melinda Dechert
 Full Name (Last, First, Middle Initial)
 Mailing Address 3703 Kersten Dr
 City San Jose State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38325
 Amount of Each Receipt this Period
 140.00
 BI Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	693.84
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 11 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial) A. David K Donin		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38328
Mailing Address 11608 Everglade Court		Amount of Each Receipt this Period 145.08
City North Potomac	State MD	Zip Code 20878
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.16	

Full Name (Last, First, Middle Initial) B. Ms Nancy Edwards		Date of Receipt MM / DD / YYYY 05 / 16 / 2014 Transaction ID : SA11AI.38255
Mailing Address 9261 Lerwick Dr		Amount of Each Receipt this Period 3000.00
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR ManorCare, Inc.	Occupation General Manager, Central Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3769.20	

Full Name (Last, First, Middle Initial) C. Linda J Emmett		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38339
Mailing Address 10408 Meadowlark Ct. East		Amount of Each Receipt this Period 150.00
City Bonney Lake	State WA	Zip Code 98391
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional).....▶	3295.08
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 12 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 24013 22nd Ave West

City Bothell State WA Zip Code 98021

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

Name of Employer HCR Manor Care Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : SA11AI.38340

Amount of Each Receipt this Period **175.00**

BI Weekly Payroll Deduction

B. Ms Julie Ewry
Full Name (Last, First, Middle Initial)

Mailing Address 5866 Apple Meadow Dr

City Sylvania State OH Zip Code 43560

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

Name of Employer HCR Manor Care, LLC. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 05 / 2014**

Transaction ID : SA11AI.38245

Amount of Each Receipt this Period **250.00**

Contribution

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

Mailing Address 1647 West Addison 3B

City Chicago State IL Zip Code 60613

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

Name of Employer HCR ManorCare Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **337.35**

Date of Receipt **06 / 30 / 2014**

Transaction ID : SA11AI.38341

Amount of Each Receipt this Period **181.65**

BI Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **606.65**

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 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 2450 Underhill Rd

City Toledo State OH Zip Code 43615

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1057.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38342

Amount of Each Receipt this Period
480.75

BI Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. John F Gallick

Mailing Address 392 Castle Crest Road

City Alamo State CA Zip Code 94507

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
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38353

Amount of Each Receipt this Period
100.00

BI Weekly Payroll Deduction

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

Mailing Address 28561 Woodland Ave

City Perrysburg State OH Zip Code 43551

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **590.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38354

Amount of Each Receipt this Period
295.38

BI Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **876.13**

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 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Delbert E Gilman
Full Name (Last, First, Middle Initial)
Mailing Address 18600 E Wilshire
City Jones State OK Zip Code 73049
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 ▼ 217.92

Date of Receipt 06 / 30 / 2014
Transaction ID : SA11AI.38355
Amount of Each Receipt this Period 108.96
BI Weekly Payroll Deduction

B. Lynda Gluch
Full Name (Last, First, Middle Initial)
Mailing Address 8740 Paulina Avenue
City Grosse Ile State MI Zip Code 48138
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare, Inc. Occupation Director of Dietary Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 22 / 2014
Transaction ID : SA11AI.38215
Amount of Each Receipt this Period 1500.00

C. Mr. Leonard Grabijas
Full Name (Last, First, Middle Initial)
Mailing Address 2682 Ravine Side North
City Howell State MI Zip Code 48843
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, LLC. Occupation VP Sales & Mktng
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 538.56

Date of Receipt 06 / 30 / 2014
Transaction ID : SA11AI.38360
Amount of Each Receipt this Period 276.92
BI Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 1885.88
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 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Ruth G Graziano
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Elk Mills Road
 City Oxford State PA Zip Code 19363
 Date of Receipt 06 / 30 / 2014
Transaction ID : SA11AI.38361
 Amount of Each Receipt this Period 308.00
 BI Weekly Payroll Deduction
 Name of Employer HCR ManorCare Inc. Occupation Regional Director of Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 656.00
 FEC ID number of contributing federal political committee. C

B. Karen Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 8250 SW 8th St
 City North Lauderdale State FL Zip Code 33068
 Date of Receipt 06 / 30 / 2014
Transaction ID : SA11AI.38365
 Amount of Each Receipt this Period 300.00
 BI Weekly Payroll Deduction
 Name of Employer HCR ManorCare Inc. Occupation Assistant Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 588.42
 FEC ID number of contributing federal political committee. C

C. Mr. Alan Hash
 Full Name (Last, First, Middle Initial)
 Mailing Address 9496 South Dunbar Circle
 City South Jordan State UT Zip Code 84095
 Date of Receipt 06 / 30 / 2014
Transaction ID : SA11AI.38366
 Amount of Each Receipt this Period 600.00
 BI Weekly Payroll Deduction
 Name of Employer HCR Manor Care, Inc. Occupation Regional Director - Western Division 5
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1320.00
 FEC ID number of contributing federal political committee. C

SUBTOTAL of Receipts This Page (optional)..... ▶ 1208.00
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 16 OF 42
(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

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

Mailing Address 23636 W. Chicago St. Unit 102

City Plainfield	State IL	Zip Code 60544
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11AI.38368

Amount of Each Receipt this Period
123.00

BI Weekly Payroll Deduction

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

Mailing Address 1285 Sunhill Drive

City Lawrenceville	State GA	Zip Code 30043
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11AI.38370

Amount of Each Receipt this Period
50.00

BI Weekly Payroll Deduction

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

Mailing Address 101 Mercury Way

City Pleasant Hill	State CA	Zip Code 94523
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11AI.38372

Amount of Each Receipt this Period
120.00

BI Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	293.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Rebecca Hollingsead

Mailing Address 558 N Hillcrest

City Decatur State IL Zip Code 62522

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

Name of Employer: HCR Manor Care Occupation: Director Clinical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **599.04**

Date of Receipt: **06 / 30 / 2014**
Transaction ID : **SA11AI.38373**

Amount of Each Receipt this Period: **376.00**

BI Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Kathryn Hoops

Mailing Address 24708 McCutchenville Road

City Perrysburg State OH Zip Code 43551

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

Name of Employer: HCR.ManorCare, Inc. Occupation: VP of Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.56**

Date of Receipt: **06 / 30 / 2014**
Transaction ID : **SA11AI.38374**

Amount of Each Receipt this Period: **692.28**

BI Weekly Payroll Deduction

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

Mailing Address 2514 Crow Valley Street

City San Antonio State TX Zip Code 78232

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **04 / 22 / 2014**
Transaction ID : **SA11AI.38235**

Amount of Each Receipt this Period: **250.00**

Contribution

SUBTOTAL of Receipts This Page (optional)..... **1318.28**

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: PAGE 18 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Ms Kate Gieroczynski Huck

Mailing Address 65 Washington St

City State Zip Code
Topton PA 19562

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

Name of Employer Occupation
HCR ManorCare, LLC Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38376

Amount of Each Receipt this Period
152.28

BI Weekly Payroll Deduction

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

Mailing Address 1733 Ashfield Dr

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 ▼
288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38377

Amount of Each Receipt this Period
144.00

BI Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Carla Davis Hughes

Mailing Address 745 Washington Street #603

City State Zip Code
Toledo OH 43604

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

Name of Employer Occupation
HCR Manor Care, Inc. VP of Sales- Mktg - HHHH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38378

Amount of Each Receipt this Period
230.76

BI Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 527.04

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 19 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial) A. Ms Diane Johnson		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38383
Mailing Address 206 Ruth Road		Amount of Each Receipt this Period 360.00
City Fleetwood	State PA	Zip Code 19522
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) B. Daniel L Johnston		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38386
Mailing Address 1027 N 3rd Street		Amount of Each Receipt this Period 380.76
City St Charles	State MO	Zip Code 63301
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR ManorCare	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 761.52	

Full Name (Last, First, Middle Initial) C. Robert G Julius		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38388
Mailing Address 3321 Pelham Rd		Amount of Each Receipt this Period 415.38
City Ottawa Hills	State OH	Zip Code 43606
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc.	Occupation Mgr. Business Office Process Dev.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.18	

SUBTOTAL of Receipts This Page (optional).....▶	1156.14
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: (check only one)	PAGE 20 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Elizabeth M Kaczor
Full Name (Last, First, Middle Initial)

Mailing Address 1689 Rauch Rd

City State Zip Code
Temperance MI 48182

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

Name of Employer Occupation
HCR ManorCare Inc. AVP HR Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.38389

Amount of Each Receipt this Period
250.00

BI Weekly Payroll Deduction

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

Mailing Address 3214 Chapel Creek 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 and CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
05 / 05 / 2014
Transaction ID : SA11AI.38244

Amount of Each Receipt this Period
5000.00

Contribution

C. Linda Karling-Lott
Full Name (Last, First, Middle Initial)

Mailing Address 4361 Conrwallis Ct

City State Zip Code
Marietta GA 30068

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 ▼
463.80

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.38394

Amount of Each Receipt this Period
252.00

BI Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	5502.00
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 21 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mr. Elliot Lekawa
 Full Name (Last, First, Middle Initial)
 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 ▼
 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38408
 Amount of Each Receipt this Period
 217.50
 BI Weekly Payroll Deduction

B. Ryan Locy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425 Cody Parkway Apt. D
 City State Zip Code
 Platteville WI 53818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR ManorCare Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 281.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38410
 Amount of Each Receipt this Period
 149.95
 BI Weekly Payroll Deduction

C. Mr. Richard Louwaert
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 152
 City State Zip Code
 Decatur MI 49045
 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 ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38411
 Amount of Each Receipt this Period
 100.00
 BI Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 467.45
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial) A. Diane Lube		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38412
Mailing Address 1830 Essex Pl		Amount of Each Receipt this Period 123.00
City Downers Grove	State IL	Zip Code 60516
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR ManorCare Inc.	Occupation Administrator	BI Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.00	

Full Name (Last, First, Middle Initial) B. Ms. Janet Mastrangelo (Howells)		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 Transaction ID : SA11AI.38243
Mailing Address 266 Crossing Creek North		Amount of Each Receipt this Period 2000.00
City Gahanna	State OH	Zip Code 43230
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR ManorCare, Inc.	Occupation Assistant Vice President of Rehab	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2385.00	

Full Name (Last, First, Middle Initial) C. Jill Matelan		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38420
Mailing Address 312 N. Franklin St		Amount of Each Receipt this Period 174.00
City Fleetwood	State PA	Zip Code 19522
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR Manor Care, Inc	Occupation Administrator - Sinking Spring	BI Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.00	

SUBTOTAL of Receipts This Page (optional).....▶	2297.00
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 23 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Murry Mercier

Mailing Address 7110 Oak Bluff Lane

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
HCR Manor Care, Inc. VP - Information Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38427

Amount of Each Receipt this Period
1140.00

BI Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Daniel J Mikus

Mailing Address 809 Oak Avenue

City State Zip Code
Linwood NJ 08221

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

Name of Employer Occupation
HCR ManorCare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38428

Amount of Each Receipt this Period
145.86

BI Weekly Payroll Deduction

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

Mailing Address 7448 Hickory Valley Drive

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
HCR ManorCare Inc. AVP & Director of Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38429

Amount of Each Receipt this Period
200.00

BI Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ► 1485.86

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: (check only one)	PAGE 24 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 198 Old Mill Drive

City Langhorne State PA Zip Code 19047

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

Name of Employer HCR ManorCare Inc. Occupation Sr Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **634.56**

Date of Receipt **06 / 30 / 2014**

Transaction ID : SA11AI.38433

Amount of Each Receipt this Period **317.28**

BI Weekly Payroll Deduction

B. Mr. Doug Mock
Full Name (Last, First, Middle Initial)

Mailing Address 1083 Abbieshire Ave

City Lakewood State OH Zip Code 44107

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

Name of Employer HCR Manor Care, Inc. Occupation RDO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 22 / 2014**

Transaction ID : SA11AI.38223

Amount of Each Receipt this Period **500.00**

Contribution

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

Mailing Address 24927 Prairie Crossing

City Perrysburg State OH Zip Code 43551

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **314.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : SA11AI.38439

Amount of Each Receipt this Period **180.00**

BI Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **997.28**

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 25 OF 42
<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

Full Name (Last, First, Middle Initial) A. Linda Neumann		Date of Receipt MM / DD / YYYY 04 / 01 / 2014 Transaction ID : SA11AI.38211
Mailing Address 28 Roslyn Road		Amount of Each Receipt this Period 3000.00
City Grosse Pointe Shor	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Eric O'Neill		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38444
Mailing Address 4009 East Braeburn Dr		Amount of Each Receipt this Period 240.00
City Appleton	State WI	Zip Code 54913
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR ManorCare	Occupation Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Ms Leslie Ohm		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38443
Mailing Address 12331 South 71st Avenue		Amount of Each Receipt this Period 355.00
City Palos Heights	State IL	Zip Code 60463
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 704.15	

SUBTOTAL of Receipts This Page (optional).....▶	3595.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial) A. Mr. James Pagoaga		Date of Receipt MM / DD / YYYY 05 / 21 / 2014 Transaction ID : SA11AI.38256
Mailing Address 21 Winding Creek Drive		Amount of Each Receipt this Period 4000.00
City Sylvania	State OH	Zip Code 43560
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Rehabilitation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4769.18	

Full Name (Last, First, Middle Initial) B. Mr. David Parker		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38450
Mailing Address 2154 Tremont Road		Amount of Each Receipt this Period 500.00
City Columbus	State OH	Zip Code 43212
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR.ManorCare, Inc.	Occupation VP Assistant General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1088.42	

Full Name (Last, First, Middle Initial) C. Richard A Parr II		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38451
Mailing Address 2253 Gray Fox Court		Amount of Each Receipt this Period 961.50
City Ann Arbor	State MI	Zip Code 48103
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc.	Occupation VP - General Counsel & Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.50	

SUBTOTAL of Receipts This Page (optional).....▶	5461.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Brian W Perry
Full Name (Last, First, Middle Initial)

Mailing Address 450 Strafer Street

City Cincinnati State OH Zip Code 45226

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

Name of Employer HCR ManorCare Occupation AVP-Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38453

Amount of Each Receipt this Period
150.00

BI Weekly Payroll Deduction

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

Mailing Address 6865 Poplar Drive

City Ypsilanti State MI Zip Code 48197

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **267.78**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38454

Amount of Each Receipt this Period
141.48

BI Weekly Payroll Deduction

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

Mailing Address 112 Center Street

City Bridgeport State PA Zip Code 19405

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.38461

Amount of Each Receipt this Period
112.56

BI Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **404.04**

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 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial) A. Patricia B Richards		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38462
Mailing Address P.O. Box 754		Amount of Each Receipt this Period 106.16
City Shady Spring	State WV	Zip Code 25918
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc.	Occupation Area Human Resource Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.17	

Full Name (Last, First, Middle Initial) B. David R Roth		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38465
Mailing Address 5257 Bentwood Drive		Amount of Each Receipt this Period 230.75
City Mason	State OH	Zip Code 45040
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR ManorCare Inc.	Occupation Director Of Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 436.75	

Full Name (Last, First, Middle Initial) C. Mr. Rick Rump		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38466
Mailing Address 2423 Heather Glen		Amount of Each Receipt this Period 295.20
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR.ManorCare, Inc.	Occupation Director of Corporate Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 578.87	

SUBTOTAL of Receipts This Page (optional).....▶	632.11
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: (check only one)	PAGE 29 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial) A. Mr. Mark Schroepfer		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38468
Mailing Address 2328 Bonnie Brae		Amount of Each Receipt this Period 125.00
City Santa Ana	State CA	Zip Code 92706
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR.ManorCare, Inc.	Occupation Administrator	BI Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Mr. Edward Schuch		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38469
Mailing Address 304 Adriana Court		Amount of Each Receipt this Period 162.00
City Northhampton	State PA	Zip Code 18067
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	BI Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.00	

Full Name (Last, First, Middle Initial) C. Julie Skubal		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38478
Mailing Address 420 Tamarac Trace		Amount of Each Receipt this Period 115.62
City Platteville	State WI	Zip Code 53818
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR ManorCare	Occupation Rehabilitation Manager	BI Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.24	

SUBTOTAL of Receipts This Page (optional).....▶	402.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Laura M Stengel		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38486
Mailing Address 24228 East Arapahoe Place		Amount of Each Receipt this Period 211.96
City Aurora	State CO	Zip Code 80016
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.96	

Full Name (Last, First, Middle Initial) B. Colette Storck		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.38488
Mailing Address 28490 Wynykako Ave		Amount of Each Receipt this Period 220.66
City Millsboro	State DE	Zip Code 19966
FEC ID number of contributing federal political committee. C	BI Weekly Payroll Deduction	
Name of Employer HCR Manor Care, LLC.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 402.34	

Full Name (Last, First, Middle Initial) C. Ms. Victoria Strom		Date of Receipt MM / DD / YYYY 05 / 16 / 2014 Transaction ID : SA11AI.38253
Mailing Address 2067 Centerville Rd		Amount of Each Receipt this Period 250.00
City Victoria	State IL	Zip Code 61485
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer HCR.ManorCare, Inc.	Occupation MMD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	682.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 6519 Chatham Circle

City Rochester Hills State MI Zip Code 48306

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **903.76**

Date of Receipt **06 / 30 / 2014**

Transaction ID : SA11AI.38495

Amount of Each Receipt this Period **461.52**

BI Weekly Payroll Deduction

B. Joseph Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 7720 Sagamore Hills Blvd

City Sagamore Hills State OH Zip Code 44067

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 22 / 2014**

Transaction ID : SA11AI.38222

Amount of Each Receipt this Period **400.00**

Contribution

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

Mailing Address 7822 NE 24th Ct.

City Vancouver State WA Zip Code 98665

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.61**

Date of Receipt **06 / 30 / 2014**

Transaction ID : SA11AI.38498

Amount of Each Receipt this Period **220.63**

BI Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **1082.15**

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 32 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 3845 Drummond Rd

City Toledo State OH Zip Code 43613

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

Name of Employer HCR ManorCare Inc. Occupation Senior Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.96**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.38504

Amount of Each Receipt this Period
346.14

BI Weekly Payroll Deduction

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	346.14
TOTAL This Period (last page this line number only).....▶	38934.16

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

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

FOR LINE NUMBER: PAGE 33 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. MCCONNELL SENATE COMMITTEE '14
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1496
 City LOUISVILLE State KY Zip Code 40201
 FEC ID number of contributing federal political committee. **C** C00193342
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : SA16.38257
 Amount of Each Receipt this Period
 5000.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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

**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 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

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

Full Name (Last, First, Middle Initial)

A. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement Service Charges

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 05 / 2014

Transaction ID : SB21B.38507

Amount of Each Disbursement this Period: 24.95

Category/Type

Full Name (Last, First, Middle Initial)

B. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement Service Charges

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 03 / 2014

Transaction ID : SB21B.38508

Amount of Each Disbursement this Period: 24.95

Category/Type

Full Name (Last, First, Middle Initial)

C. The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement Service Charges

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 16 / 2014

Transaction ID : SB21B.38509

Amount of Each Disbursement this Period: 25.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 74.90

TOTAL This Period (last page this line number only)..... ▶ 74.90

**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

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

Full Name (Last, First, Middle Initial)

A. AMERICA'S LEADERSHIP PAC

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB23.38249

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB23.38266

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB23.38274

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. DUFFY FOR CONGRESS

Mailing Address PO Box 186

City Ashland State WI Zip Code 54806

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: WI District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : SB23.38263

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MARK WARNER

Mailing Address 1029 NORTH ROYAL STREET 2ND FL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2014

Transaction ID : SB23.38514

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SB23.38247

Amount of Each Disbursement this Period

2500.00

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

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

7100.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. HOYER FOR CONGRESS

Mailing Address 7905 MALCOLM ROAD SUITE 102

City CLINTON State MD Zip Code 20735

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2014

Transaction ID : SB23.38265

Amount of Each Disbursement this Period

2000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. LATTA FOR CONGRESS

Mailing Address PO BOX 106

City BOWLING GREEN State OH Zip Code 43402

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : SB23.38262

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. LYNN JENKINS FOR CONGRESS

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: KS District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SB23.38252

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. JAMES B RENACCI

Mailing Address PO BOX 88

City WADSWORTH State OH Zip Code 44282

Purpose of Disbursement
Contribution

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

Transaction ID : SB23.38261

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. THE HAWKEYE PAC

Mailing Address PO BOX 192

City DES MOINES State IA Zip Code 50301

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	4

Transaction ID : SB23.38248

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	4

Transaction ID : SB23.38258

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

5	3	6	0	.	0	0
---	---	---	---	---	---	---

**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

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

Full Name (Last, First, Middle Initial)

A. Citizens for Lou Lang

Mailing Address PO Box 1815

City Skokie State IL Zip Code 60076-1815

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2014

Transaction ID : SB29.38239

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Sears

Mailing Address 6711 Monroe Street
Bldg 3 Suite D

City Sylvania State OH Zip Code 43560

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : SB29.37992

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Citizens with Fedor Committee

Mailing Address 2054 Belvedere Drive

City Toledo State OH Zip Code 43614

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : SB29.38214

Amount of Each Disbursement this Period

500.00

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

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

3000.00

**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

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

Full Name (Last, First, Middle Initial)

A. Friends of Dominic Pileggi

Mailing Address 323 West Front Street

City State Zip Code
Media PA 19063

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
05 / 14 / 2014

Transaction ID : SB29.38250

Amount of Each Disbursement this Period

845.00

Full Name (Last, First, Middle Initial)

B. Friends of Tom Patton

Mailing Address 17157 Rabbit Run Drive

City State Zip Code
Strongsville OH 44136

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
06 / 18 / 2014

Transaction ID : SB29.38269

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MIKE DEWINE FOR OHIO

Mailing Address 2931 E DUBLIN-GRANVILLE ROAD
SUITE 190

City State Zip Code
COLUMBUS OH 43231

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
06 / 30 / 2014

Transaction ID : SB29.38278

Amount of Each Disbursement this Period

1000.00

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

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

2845.00

**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

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

Full Name (Last, First, Middle Initial)

A. Moving Michigan Forward Fund

Mailing Address 4025 Timberland Drive
SE

City Grand Rapids State MI Zip Code 49508

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 18 / 2014

Transaction ID : SB29.38272

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. OHCA PAC

Mailing Address 55 Green Meadow Drive

City Lewis Center State OH Zip Code 43035

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SB29.38276

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Tom Corbett for Governor

Mailing Address P.O. Box 1145

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 22 / 2014

Transaction ID : SB29.38240

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

**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

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

Full Name (Last, First, Middle Initial)

A. Yost for Auditor

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	4

Transaction ID : SB29.38246

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Category/
Type

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

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

1	5	0	0	.	0	0
---	---	---	---	---	---	---

1	3	3	4	5	.	0	0
---	---	---	---	---	---	---	---