26970041813

01/31/2006 14:43

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

HCR Manor Care PAC

ADDRESS (number and street)

333 North Summit Street

16th Floor

Check if different than previously reported. (ACC)

CITY	STATE	ZIPCODE	
Toledo	OH	43604	2617

2. **FEC IDENTIFICATION NUMBER**

C00260141

3. IS THIS REPORT — X NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- X January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) — General (12G) — Runoff (12R) — Convention (12C) — Special (12G)

Election on ____ in the State of ____

(d) 30-Day **Post**-Election Report for the: General (30G) — Runoff (30R) — Special (30S)

Election on ____ in the State of ____

5. Covering Period 07 01 2005 through 12 31 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Frank A Jannazo

Signature of Treasurer: Electronically Filed by Frank A Jannazo — Date 01 31 2006

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

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

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: 07 01 2005 To: 12 31 2005

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1 2005		67549.59
(b)	Cash on Hand at Begining of Reporting Period	66502.39	
(c)	Total Receipts (from Line 19)	88011.62	160421.63
(d)	Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	154514.01	227971.22
7.	Total Disbursements (from Line 31)	31952.27	105409.48
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	122561.74	122561.74
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From: 07 01 2005 To: 12 31 2005

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)	51398.22	99480.38
(ii) Unitemized	36075.51	60189.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	87473.73	159669.73
(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) ▶	87473.73	159669.73
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)	39.60	39.60
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	496.29	712.30
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	88011.62	160421.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	88011.62	160421.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	302.27	1259.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	302.27	1259.48
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	15500.00	73200.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	1200.00	1200.00
(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)) ▶	1200.00	1200.00
29. Other Disbursements	14950.00	29750.00
30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	31952.27	105409.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	31952.27	105409.48

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	87473.73	159669.73
34. Total Contribution Refunds (from Line 28(d))	1200.00	1200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86273.73	158469.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	302.27	1259.48
37. Offsets to Operating Expenditures (from Line 15, page 3)	39.60	39.60
38. Net Operating Expenditures (subtract Line 37 from Line 36)	262.67	1219.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Anthony J Abela
Mailing Address 3822 Deerfield Ct
City: Grass Lake | State: MI | Zip Code: 49240
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 285.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.16341
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial)
Anthony J Abela
Mailing Address 3822 Deerfield Ct
City: Grass Lake | State: MI | Zip Code: 49240
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.16342
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial)
Anthony J Abela
Mailing Address 3822 Deerfield Ct
City: Grass Lake | State: MI | Zip Code: 49240
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 355.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.16343
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Anthony J Abela
Mailing Address 3822 Deerfield Ct
City: Grass Lake | State: MI | Zip Code: 49240
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 390.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.16344
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial)
Anthony J Abela
Mailing Address 3822 Deerfield Ct
City: Grass Lake | State: MI | Zip Code: 49240
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 425.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.16345
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial)
Anthony J Abela
Mailing Address 3822 Deerfield Ct
City: Grass Lake | State: MI | Zip Code: 49240
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 460.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.16346
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Anthony J Abela
Mailing Address 3822 Deerfield Ct
City: Grass Lake | State: MI | Zip Code: 49240
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 495.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.16347
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial)
Anthony J Abela
Mailing Address 3822 Deerfield Ct
City: Grass Lake | State: MI | Zip Code: 49240
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 530.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.16348
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial)
Anthony J Abela
Mailing Address 3822 Deerfield Ct
City: Grass Lake | State: MI | Zip Code: 49240
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 565.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.16349
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Anthony J Abela
Mailing Address 3822 Deerfield Ct
City: Grass Lake | State: MI | Zip Code: 49240
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.16350
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial)
Anthony J Abela
Mailing Address 3822 Deerfield Ct
City: Grass Lake | State: MI | Zip Code: 49240
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 635.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.16351
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial)
Anthony J Abela
Mailing Address 3822 Deerfield Ct
City: Grass Lake | State: MI | Zip Code: 49240
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 670.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16352
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Anthony J Abela
Mailing Address 3822 Deerfield Ct
City: Grass Lake | State: MI | Zip Code: 49240
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 705.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16353
Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial)
Martin D Allen
Mailing Address 7151 Whispering Oak
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP / Dir Internal Aud & Risk
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.16379
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Martin D Allen
Mailing Address 7151 Whispering Oak
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP / Dir Internal Aud & Risk
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.16380
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **135.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Martin D Allen
Mailing Address 7151 Whispering Oak
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP / Dir Internal Aud & Risk
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.16381
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Martin D Allen
Mailing Address 7151 Whispering Oak
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP / Dir Internal Aud & Risk
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.16382
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Martin D Allen
Mailing Address 7151 Whispering Oak
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP / Dir Internal Aud & Risk
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 650.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.16383
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Martin D Allen
Mailing Address 7151 Whispering Oak
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP / Dir Internal Aud & Risk
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.16384
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Martin D Allen
Mailing Address 7151 Whispering Oak
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP / Dir Internal Aud & Risk
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.16385
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Martin D Allen
Mailing Address 7151 Whispering Oak
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP / Dir Internal Aud & Risk
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.16386
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Martin D Allen
Mailing Address 7151 Whispering Oak
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP / Dir Internal Aud & Risk
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 850.00
Date of Receipt: 11 02 2005
Transaction ID: SA11A1.16387
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Martin D Allen
Mailing Address 7151 Whispering Oak
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP / Dir Internal Aud & Risk
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 11 16 2005
Transaction ID: SA11A1.16388
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Martin D Allen
Mailing Address 7151 Whispering Oak
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP / Dir Internal Aud & Risk
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 950.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.16389
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Martin D Allen
Mailing Address 7151 Whispering Oak
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP / Dir Internal Aud & Risk
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16390
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Martin D Allen
Mailing Address 7151 Whispering Oak
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP / Dir Internal Aud & Risk
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1050.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16391
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Michael Armstrong
Mailing Address 115 N. Remington Rd.
City: Bexley | State: OH | Zip Code: 43209
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 207.62

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.16467
Amount of Each Receipt this Period: 11.53

SUBTOTAL of Receipts This Page (optional) ▶ **111.53**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Michael Armstrong
Mailing Address 115 N. Rernington Rd.
City: Bexley | State: OH | Zip Code: 43209
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 219.15
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.16468
Amount of Each Receipt this Period: 11.53

B. Full Name (Last, First, Middle Initial)
Michael Armstrong
Mailing Address 115 N. Rernington Rd.
City: Bexley | State: OH | Zip Code: 43209
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.68
Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16469
Amount of Each Receipt this Period: 11.53

C. Full Name (Last, First, Middle Initial)
Michael Armstrong
Mailing Address 115 N. Rernington Rd.
City: Bexley | State: OH | Zip Code: 43209
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 242.21
Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16470
Amount of Each Receipt this Period: 11.53

SUBTOTAL of Receipts This Page (optional) ▶ **34.59**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Lisa Arnold
Mailing Address 36832 Meadow Creek Ct
City: Magnolia | State: TX | Zip Code: 77355
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16495
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Lisa Arnold
Mailing Address 36832 Meadow Creek Ct
City: Magnolia | State: TX | Zip Code: 77355
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16496
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Joselyn Bernas
Mailing Address 428 169th Court NE
City: Bradenton | State: FL | Zip Code: 34212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 283.79

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.16559
Amount of Each Receipt this Period: 47.29

SUBTOTAL of Receipts This Page (optional) ▶ **87.29**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jocelyn Barnes
Mailing Address 428 168th Court NE
City: Bradenton | State: FL | Zip Code: 34212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 331.08

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.16560
Amount of Each Receipt this Period: 47.29

B.
Full Name (Last, First, Middle Initial)
Jocelyn Barnes
Mailing Address 428 169th Court NE
City: Bradenton | State: FL | Zip Code: 34212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 378.37

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.16561
Amount of Each Receipt this Period: 47.29

C.
Full Name (Last, First, Middle Initial)
Jocelyn Barnes
Mailing Address 428 169th Court NE
City: Bradenton | State: FL | Zip Code: 34212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 425.66

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.16562
Amount of Each Receipt this Period: 47.29

SUBTOTAL of Receipts This Page (optional) ▶ **141.87**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jocelyn Barnes
Mailing Address 428 168th Court NE
City: Bradenton | State: FL | Zip Code: 34212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 472.95

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.16563
Amount of Each Receipt this Period: 47.29

B.
Full Name (Last, First, Middle Initial)
Jocelyn Barnes
Mailing Address 428 169th Court NE
City: Bradenton | State: FL | Zip Code: 34212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 520.24

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.16564
Amount of Each Receipt this Period: 47.29

C.
Full Name (Last, First, Middle Initial)
Jocelyn Barnes
Mailing Address 428 169th Court NE
City: Bradenton | State: FL | Zip Code: 34212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 567.53

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.16565
Amount of Each Receipt this Period: 47.29

SUBTOTAL of Receipts This Page (optional) ▶ **141.87**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Jocelyn Barnes
Mailing Address 428 168th Court NE
City: Bradenton | State: FL | Zip Code: 34212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 614.82

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.16566
Amount of Each Receipt this Period: 47.29

B. Full Name (Last, First, Middle Initial)
Jocelyn Barnes
Mailing Address 428 169th Court NE
City: Bradenton | State: FL | Zip Code: 34212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 662.11

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.16567
Amount of Each Receipt this Period: 47.29

C. Full Name (Last, First, Middle Initial)
Jocelyn Barnes
Mailing Address 428 169th Court NE
City: Bradenton | State: FL | Zip Code: 34212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 709.40

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.16568
Amount of Each Receipt this Period: 47.29

SUBTOTAL of Receipts This Page (optional) ▶ **141.87**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jocelyn Barnes
Mailing Address 428 169th Court NE
City: Bradenton | State: FL | Zip Code: 34212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 756.69

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.16569
Amount of Each Receipt this Period: 47.29

B.
Full Name (Last, First, Middle Initial)
Jocelyn Barnes
Mailing Address 428 169th Court NE
City: Bradenton | State: FL | Zip Code: 34212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 803.98

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16570
Amount of Each Receipt this Period: 47.29

C.
Full Name (Last, First, Middle Initial)
Jocelyn Barnes
Mailing Address 428 169th Court NE
City: Bradenton | State: FL | Zip Code: 34212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 851.27

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16571
Amount of Each Receipt this Period: 47.29

SUBTOTAL of Receipts This Page (optional) ▶ **141.87**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Joseph A Barrick
Mailing Address 448 Woodcrest Dr
City: Mechanicsburg | State: PA | Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 215.32

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16583
Amount of Each Receipt this Period: 15.38

B.
Full Name (Last, First, Middle Initial)
Joseph A Barrick
Mailing Address 448 Woodcrest Dr
City: Mechanicsburg | State: PA | Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.70

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16584
Amount of Each Receipt this Period: 15.38

C.
Full Name (Last, First, Middle Initial)
Charles Belcher
Mailing Address 910 Orchard Drive
City: Rossford | State: OH | Zip Code: 43460
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director - Dementia Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.16589
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **80.76**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Charles Batcher
Mailing Address 910 Orchard Drive
City: Rossford | State: OH | Zip Code: 43460
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director - Dementia Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.16590
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Charles Batcher
Mailing Address 910 Orchard Drive
City: Rossford | State: OH | Zip Code: 43460
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director - Dementia Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.16591
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Charles Batcher
Mailing Address 910 Orchard Drive
City: Rossford | State: OH | Zip Code: 43460
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director - Dementia Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.16592
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 23 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Charles Batcher
Mailing Address 910 Orchard Drive
City: Rossford | State: OH | Zip Code: 43460
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director - Dementia Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.16593
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Charles Batcher
Mailing Address 910 Orchard Drive
City: Rossford | State: OH | Zip Code: 43460
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director - Dementia Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.16594
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Charles Batcher
Mailing Address 910 Orchard Drive
City: Rossford | State: OH | Zip Code: 43460
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director - Dementia Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.16595
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Charles Batcher
Mailing Address 910 Orchard Drive
City: Rossford | State: OH | Zip Code: 43460
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director - Dementia Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16596
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Charles Batcher
Mailing Address 910 Orchard Drive
City: Rossford | State: OH | Zip Code: 43460
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director - Dementia Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 650.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16597
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Lynne M Bauerschmidt
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.16805
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **115.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Lynne M Bauerschmidt
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.16606
Amount of Each Receipt this Period: 15.00

B. Full Name (Last, First, Middle Initial)
Lynne M Bauerschmidt
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.16607
Amount of Each Receipt this Period: 15.00

C. Full Name (Last, First, Middle Initial)
Lynne M Bauerschmidt
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 255.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.16608
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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 26 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Lynne M Bauerschmidt
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16609
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
Lynne M Bauerschmidt
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 285.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16610
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial)
Karen F Bell
Mailing Address 1220 North St.
City: Bowling Green | State: OH | Zip Code: 43402
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP* Dir Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 286.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.16843
Amount of Each Receipt this Period: 38.00

SUBTOTAL of Receipts This Page (optional) ▶ **68.00**

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 27 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Karen F Bell
Mailing Address 1220 North St
City: Bowling Green | State: OH | Zip Code: 43402
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Dir Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 304.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.16644
Amount of Each Receipt this Period: 38.00

B.
Full Name (Last, First, Middle Initial)
Karen F Bell
Mailing Address 1220 North St
City: Bowling Green | State: OH | Zip Code: 43402
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Dir Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 342.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.16645
Amount of Each Receipt this Period: 38.00

C.
Full Name (Last, First, Middle Initial)
Karen F Bell
Mailing Address 1220 North St
City: Bowling Green | State: OH | Zip Code: 43402
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Dir Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 380.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.16846
Amount of Each Receipt this Period: 38.00

SUBTOTAL of Receipts This Page (optional) ▶ **114.00**

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 28 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Karen F Bell
Mailing Address 1220 North St
City: Bowling Green | State: OH | Zip Code: 43402
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Dir Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 418.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.16647
Amount of Each Receipt this Period: 38.00

B. Full Name (Last, First, Middle Initial)
Karen F Bell
Mailing Address 1220 North St
City: Bowling Green | State: OH | Zip Code: 43402
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Dir Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 456.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.16648
Amount of Each Receipt this Period: 38.00

C. Full Name (Last, First, Middle Initial)
Karen F Bell
Mailing Address 1220 North St
City: Bowling Green | State: OH | Zip Code: 43402
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Dir Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 494.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.16649
Amount of Each Receipt this Period: 38.00

SUBTOTAL of Receipts This Page (optional) ▶ **114.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Karen F Bell
Mailing Address 1220 North St
City: Bowling Green | State: OH | Zip Code: 43402
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Dir Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 532.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.16650
Amount of Each Receipt this Period: 38.00

B.
Full Name (Last, First, Middle Initial)
Karen F Bell
Mailing Address 1220 North St
City: Bowling Green | State: OH | Zip Code: 43402
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Dir Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 570.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.16651
Amount of Each Receipt this Period: 38.00

C.
Full Name (Last, First, Middle Initial)
Karen F Bell
Mailing Address 1220 North St
City: Bowling Green | State: OH | Zip Code: 43402
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Dir Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 608.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.16652
Amount of Each Receipt this Period: 38.00

SUBTOTAL of Receipts This Page (optional) ▶ **114.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Karen F Bell
Mailing Address 1220 North St
City: Bowling Green | State: OH | Zip Code: 43402
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Dir Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 646.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.16653
Amount of Each Receipt this Period: 38.00

B.
Full Name (Last, First, Middle Initial)
Karen F Bell
Mailing Address 1220 North St
City: Bowling Green | State: OH | Zip Code: 43402
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Dir Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 684.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16654
Amount of Each Receipt this Period: 38.00

C.
Full Name (Last, First, Middle Initial)
Karen F Bell
Mailing Address 1220 North St
City: Bowling Green | State: OH | Zip Code: 43402
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Dir Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 722.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16855
Amount of Each Receipt this Period: 38.00

SUBTOTAL of Receipts This Page (optional) ▶ **114.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard Borofski
Mailing Address 113 Kathy Ann Lane
City: McMurray | State: PA | Zip Code: 15317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005 — X Primary — General — Other (specify)
Aggregate Year-to-Date: 269.21
Date of Receipt: 07 13 2005
Transaction ID: SA11A1.16736
Amount of Each Receipt this Period: 38.45

B. Full Name (Last, First, Middle Initial)
Mr. Richard Borofski
Mailing Address 113 Kathy Ann Lane
City: McMurray | State: PA | Zip Code: 15317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005 — X Primary — General — Other (specify)
Aggregate Year-to-Date: 307.66
Date of Receipt: 07 27 2005
Transaction ID: SA11A1.16737
Amount of Each Receipt this Period: 38.45

C. Full Name (Last, First, Middle Initial)
Mr. Richard Borofski
Mailing Address 113 Kathy Ann Lane
City: McMurray | State: PA | Zip Code: 15317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005 — X Primary — General — Other (specify)
Aggregate Year-to-Date: 346.11
Date of Receipt: 08 10 2005
Transaction ID: SA11A1.16738
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Richard Borofski
Mailing Address 113 Kathy Ann Lane
City: McMurray | State: PA | Zip Code: 15317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 384.56

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.16739
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Mr. Richard Borofski
Mailing Address 113 Kathy Ann Lane
City: McMurray | State: PA | Zip Code: 15317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 423.01

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.16740
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Mr. Richard Borofski
Mailing Address 113 Kathy Ann Lane
City: McMurray | State: PA | Zip Code: 15317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 461.46

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.16741
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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 33 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Richard Borofski
Mailing Address 113 Kathy Ann Lane
City: McMurray | State: PA | Zip Code: 15317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 499.91

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.16742
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Mr. Richard Borofski
Mailing Address 113 Kathy Ann Lane
City: McMurray | State: PA | Zip Code: 15317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 538.36

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.16743
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Mr. Richard Borofski
Mailing Address 113 Kathy Ann Lane
City: McMurray | State: PA | Zip Code: 15317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 576.81

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.16744
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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 34 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Richard Borofski
Mailing Address 113 Kathy Ann Lane
City: McMurray | State: PA | Zip Code: 15317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 615.26

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.16745
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Mr. Richard Borofski
Mailing Address 113 Kathy Ann Lane
City: McMurray | State: PA | Zip Code: 15317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 653.71

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.16746
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Mr. Richard Borofski
Mailing Address 113 Kathy Ann Lane
City: McMurray | State: PA | Zip Code: 15317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 692.16

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16747
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 35 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard Borofski
Mailing Address 113 Kathy Ann Lane
City: McMurray | State: PA | Zip Code: 15317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 730.61

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16746
Amount of Each Receipt this Period: 38.45

B. Full Name (Last, First, Middle Initial)
Fawna L Box
Mailing Address 18701 Midland Dr
City: Shawnee | State: KS | Zip Code: 66218
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.16797
Amount of Each Receipt this Period: 15.00

C. Full Name (Last, First, Middle Initial)
Fawna L Box
Mailing Address 18701 Midland Dr
City: Shawnee | State: KS | Zip Code: 66218
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.16798
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **68.45**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 36 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Fenna L Box
Mailing Address 18701 Midland Dr
City: Shawnee | State: KS | Zip Code: 66218
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16799
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
Fenna L Box
Mailing Address 18701 Midland Dr
City: Shawnee | State: KS | Zip Code: 66218
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 255.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16800
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial)
Kimberly Boyte-Biemester
Mailing Address 6815 Windsong Way
City: Lansing | State: MI | Zip Code: 48917
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 215.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.16810
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Kimberly Boyte-Biemester
Mailing Address 6815 Windsong Way
City: Lansing | State: MI | Zip Code: 48917
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.16811
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
Kimberly Boyte-Biemester
Mailing Address 6815 Windsong Way
City: Lansing | State: MI | Zip Code: 48917
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 245.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16812
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial)
Kimberly Boyte-Biemester
Mailing Address 6815 Windsong Way
City: Lansing | State: MI | Zip Code: 48917
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16813
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 38 / 465
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X 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.
Full Name (Last, First, Middle Initial)
Pamella S Britt
Mailing Address 27135 State Rt 49
City: Potomac | State: IL | Zip Code: 61865
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 640.00
Date of Receipt: 07 06 2005
Transaction ID: SA11A1.16853
Amount of Each Receipt this Period: 80.00

B.
Full Name (Last, First, Middle Initial)
Pamella S Britt
Mailing Address 27135 State Rt 49
City: Potomac | State: IL | Zip Code: 61865
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 720.00
Date of Receipt: 07 20 2005
Transaction ID: SA11A1.16854
Amount of Each Receipt this Period: 80.00

C.
Full Name (Last, First, Middle Initial)
Pamella S Britt
Mailing Address 27135 State Rt 49
City: Potomac | State: IL | Zip Code: 61865
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 08 03 2005
Transaction ID: SA11A1.16855
Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ **240.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 39 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Pamella S Britt
Mailing Address 27135 State Rt 49
City: Potomac | State: IL | Zip Code: 61865
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 860.00

Date of Receipt: 08 17 2005
Transaction ID: SA11A1.16856
Amount of Each Receipt this Period: 80.00

B.
Full Name (Last, First, Middle Initial)
Pamella S Britt
Mailing Address 27135 State Rt 49
City: Potomac | State: IL | Zip Code: 61865
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 860.00

Date of Receipt: 08 31 2005
Transaction ID: SA11A1.16857
Amount of Each Receipt this Period: 80.00

C.
Full Name (Last, First, Middle Initial)
Pamella S Britt
Mailing Address 27135 State Rt 49
City: Potomac | State: IL | Zip Code: 61865
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1040.00

Date of Receipt: 09 14 2005
Transaction ID: SA11A1.16858
Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ **240.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Pamella S Britt
Mailing Address 27135 State Rt 49
City: Potomac | State: IL | Zip Code: 61865
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1120.00

Date of Receipt: 09 28 2005
Transaction ID: SA11A1.16859
Amount of Each Receipt this Period: 80.00

B.
Full Name (Last, First, Middle Initial)
Pamella S Britt
Mailing Address 27135 State Rt 49
City: Potomac | State: IL | Zip Code: 61865
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1200.00

Date of Receipt: 10 12 2005
Transaction ID: SA11A1.16860
Amount of Each Receipt this Period: 80.00

C.
Full Name (Last, First, Middle Initial)
Pamella S Britt
Mailing Address 27135 State Rt 49
City: Potomac | State: IL | Zip Code: 61865
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1280.00

Date of Receipt: 10 26 2005
Transaction ID: SA11A1.16861
Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ **240.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Pamella S Britt
Mailing Address 27135 State Rt 49
City: Potomac | State: IL | Zip Code: 61865
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1360.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.16862
Amount of Each Receipt this Period: 80.00

B. Full Name (Last, First, Middle Initial)
Pamella S Britt
Mailing Address 27135 State Rt 49
City: Potomac | State: IL | Zip Code: 61865
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1440.00

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.16863
Amount of Each Receipt this Period: 80.00

C. Full Name (Last, First, Middle Initial)
Pamella S Britt
Mailing Address 27135 State Rt 49
City: Potomac | State: IL | Zip Code: 61865
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1520.00

Date of Receipt: 12 07 2005
Transaction ID: SA11A1.16864
Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ **240.00**

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 42 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Pamella S Britt
Mailing Address 27135 State Rt 49
City: Potomac | State: IL | Zip Code: 61865
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1600.00

Date of Receipt: 12 21 2005
Transaction ID: SA11A1.16865
Amount of Each Receipt this Period: 80.00

B. Full Name (Last, First, Middle Initial)
Sonya Brown
Mailing Address 3420 Briarwood Court
City: Springfield | State: MO | Zip Code: 65807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 209.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16916
Amount of Each Receipt this Period: 11.00

C. Full Name (Last, First, Middle Initial)
Timothy N Burchill
Mailing Address 1121 6th Street SW
City: Minot | State: ND | Zip Code: 58701
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.16921
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **111.00**

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 43 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Timothy N Burchill
Mailing Address 1121 6th Street SW
City: Minot | State: ND | Zip Code: 58701
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.16922
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Timothy N Burchill
Mailing Address 1121 6th Street SW
City: Minot | State: ND | Zip Code: 58701
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.16923
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Timothy N Burchill
Mailing Address 1121 6th Street SW
City: Minot | State: ND | Zip Code: 58701
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.16924
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Timothy N Burchill
Mailing Address 1121 6th Street SW
City: Minot | State: ND | Zip Code: 58701
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 02 2005
Transaction ID: SA11A1.16925
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Timothy N Burchill
Mailing Address 1121 6th Street SW
City: Minot | State: ND | Zip Code: 58701
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00
Date of Receipt: 11 16 2005
Transaction ID: SA11A1.16926
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Timothy N Burchill
Mailing Address 1121 6th Street SW
City: Minot | State: ND | Zip Code: 58701
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 340.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.16927
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Timothy N Burchill
Mailing Address 1121 6th Street SW
City: Minot | State: ND | Zip Code: 58701
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16928
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Timothy N Burchill
Mailing Address 1121 6th Street SW
City: Minot | State: ND | Zip Code: 58701
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 380.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16929
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
John C Burkhart
Mailing Address 28592 Mingo Dr.
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director Business Systems
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16951
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **50.00**

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 46 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Kim Elaine Byk
Mailing Address 2202 Liberty St. South
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Clinical Support Systems
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.16965
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Kim Elaine Byk
Mailing Address 2202 Liberty St. South
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Clinical Support Systems
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.16966
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Kim Elaine Byk
Mailing Address 2202 Liberty St. South
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Clinical Support Systems
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.16967
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 47 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Kim Elaine Byk
Mailing Address 2202 Liberty St. South
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Clinical Support Systems
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.16968
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Kim Elaine Byk
Mailing Address 2202 Liberty St. South
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Clinical Support Systems
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 330.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.16969
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Kim Elaine Byk
Mailing Address 2202 Liberty St. South
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Clinical Support Systems
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.16970
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 48 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Kim Elaine Byk
Mailing Address 2202 Liberty St. South
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Clinical Support Systems
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 390.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.16971
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Kim Elaine Byk
Mailing Address 2202 Liberty St. South
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Clinical Support Systems
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 420.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.16972
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Kim Elaine Byk
Mailing Address 2202 Liberty St. South
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Clinical Support Systems
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.16973
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 49 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Kim Elaine Byk
Mailing Address 2202 Liberty St. South
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Clinical Support Systems
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 480.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.16974
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Kim Elaine Byk
Mailing Address 2202 Liberty St. South
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Clinical Support Systems
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 510.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.16975
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Kim Elaine Byk
Mailing Address 2202 Liberty St. South
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Clinical Support Systems
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 540.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16976
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Kim Elaine Byk
Mailing Address 2202 Liberty St. South
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Clinical Support Systems
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 570.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16977
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Charlie F Byrne
Mailing Address 4685 Rio Poco Court
City: Naples | State: FL | Zip Code: 33109
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17000
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Charlie F Byrne
Mailing Address 4685 Rio Poco Court
City: Naples | State: FL | Zip Code: 33109
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17001
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Charlie F Byrne
Mailing Address 4685 Rio Poco Court
City: Naples | State: FL | Zip Code: 33109
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17002
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Carole J Campbell
Mailing Address 182 Brady St
City: Charleston | State: SC | Zip Code: 29492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.17031
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Carole J Campbell
Mailing Address 182 Brady St
City: Charleston | State: SC | Zip Code: 29492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.17032
Amount of Each Receipt this Period: 20.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Carole J Campbell
Mailing Address 162 Brady St
City: Charleston | State: SC | Zip Code: 29492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.17033
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Carole J Campbell
Mailing Address 162 Brady St
City: Charleston | State: SC | Zip Code: 29492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.17034
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Carole J Campbell
Mailing Address 162 Brady St
City: Charleston | State: SC | Zip Code: 29492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.17035
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Carole J Campbell
Mailing Address 162 Brady St
City: Charleston | State: SC | Zip Code: 29492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17036
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Carole J Campbell
Mailing Address 162 Brady St
City: Charleston | State: SC | Zip Code: 29492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 340.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17037
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Carole J Campbell
Mailing Address 162 Brady St
City: Charleston | State: SC | Zip Code: 29492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17038
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Carole J Campbell
Mailing Address 162 Brady St
City: Charleston | State: SC | Zip Code: 29492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17039
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Carole J Campbell
Mailing Address 162 Brady St
City: Charleston | State: SC | Zip Code: 29492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17040
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Carole J Campbell
Mailing Address 162 Brady St
City: Charleston | State: SC | Zip Code: 29492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 420.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17041
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Vickie Canter
Mailing Address 17514 Lethridge Circle
City: Round Hill | State: VA | Zip Code: 20141
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 12 07 2005
Transaction ID: SA11A1.17064
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Vickie Canter
Mailing Address 17514 Lethridge Circle
City: Round Hill | State: VA | Zip Code: 20141
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 12 21 2005
Transaction ID: SA11A1.17065
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Steven M Cavanaugh
Mailing Address 9036 Sand Ridge Drive
City: Holland | State: OH | Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Corporate Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 461.51

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.17105
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **97.68**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Steven M Cavanaugh
Mailing Address 9036 Sand Ridge Drive
City: Holland | State: OH | Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Corporate Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 519.19

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.17106
Amount of Each Receipt this Period: 57.68

B.
Full Name (Last, First, Middle Initial)
Steven M Cavanaugh
Mailing Address 9036 Sand Ridge Drive
City: Holland | State: OH | Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Corporate Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 576.87

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.17107
Amount of Each Receipt this Period: 57.68

C.
Full Name (Last, First, Middle Initial)
Steven M Cavanaugh
Mailing Address 9036 Sand Ridge Drive
City: Holland | State: OH | Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Corporate Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 634.55

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.17108
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **173.04**

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 57 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Steven M Cavanaugh
Mailing Address 9036 Sand Ridge Drive
City: Holland | State: OH | Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Corporate Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 692.23

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.17109
Amount of Each Receipt this Period: 57.68

B.
Full Name (Last, First, Middle Initial)
Steven M Cavanaugh
Mailing Address 9036 Sand Ridge Drive
City: Holland | State: OH | Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Corporate Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 749.91

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.17110
Amount of Each Receipt this Period: 57.68

C.
Full Name (Last, First, Middle Initial)
Steven M Cavanaugh
Mailing Address 9036 Sand Ridge Drive
City: Holland | State: OH | Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Corporate Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 807.59

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.17111
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **173.04**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Steven M Cavanaugh
Mailing Address 9036 Sand Ridge Drive
City: Holland | State: OH | Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Corporate Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 865.27

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17112
Amount of Each Receipt this Period: 57.68

B.
Full Name (Last, First, Middle Initial)
Steven M Cavanaugh
Mailing Address 9036 Sand Ridge Drive
City: Holland | State: OH | Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Corporate Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 922.95

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17113
Amount of Each Receipt this Period: 57.68

C.
Full Name (Last, First, Middle Initial)
Steven M Cavanaugh
Mailing Address 9036 Sand Ridge Drive
City: Holland | State: OH | Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Corporate Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 980.63

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17114
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **173.04**

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 59 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Steven M Cavanaugh
Mailing Address 9036 Sand Ridge Drive
City: Holland | State: OH | Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Corporate Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1038.31

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17115
Amount of Each Receipt this Period: 57.68

B.
Full Name (Last, First, Middle Initial)
Steven M Cavanaugh
Mailing Address 9036 Sand Ridge Drive
City: Holland | State: OH | Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Corporate Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1096.99

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17116
Amount of Each Receipt this Period: 57.68

C.
Full Name (Last, First, Middle Initial)
Steven M Cavanaugh
Mailing Address 9036 Sand Ridge Drive
City: Holland | State: OH | Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Corporate Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1153.67

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17117
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **173.04**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 60 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Javier Cavero
Mailing Address 3077 N. Oakland Forest Dr. #202
City: Oakland Park | State: FL | Zip Code: 33309
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 200.07
Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17131
Amount of Each Receipt this Period: 15.39

B. Full Name (Last, First, Middle Initial)
Shawn R Cavey
Mailing Address 8138 Silo Court
City: Severn | State: MD | Zip Code: 21144
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Assistant Director of Nursing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 12 07 2005
Transaction ID: SA11A1.17141
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Shawn R Cavey
Mailing Address 8138 Silo Court
City: Severn | State: MD | Zip Code: 21144
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Assistant Director of Nursing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 21 2005
Transaction ID: SA11A1.17142
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **65.39**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. William Chenevert
Mailing Address 620 Ashbury Drive
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Operations Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 490.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.17143
Amount of Each Receipt this Period: 70.00

B.
Full Name (Last, First, Middle Initial)
Mr. William Chenevert
Mailing Address 620 Ashbury Drive
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Operations Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 560.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.17144
Amount of Each Receipt this Period: 70.00

C.
Full Name (Last, First, Middle Initial)
Mr. William Chenevert
Mailing Address 620 Ashbury Drive
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Operations Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 630.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.17145
Amount of Each Receipt this Period: 70.00

SUBTOTAL of Receipts This Page (optional) ▶ **210.00**

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 62 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. William Chenevert
Mailing Address 620 Ashbury Drive
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Operations Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.17146
Amount of Each Receipt this Period: 70.00

B.
Full Name (Last, First, Middle Initial)
Mr. William Chenevert
Mailing Address 620 Ashbury Drive
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Operations Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 770.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.17147
Amount of Each Receipt this Period: 70.00

C.
Full Name (Last, First, Middle Initial)
Mr. William Chenevert
Mailing Address 620 Ashbury Drive
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Operations Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 840.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.17148
Amount of Each Receipt this Period: 70.00

SUBTOTAL of Receipts This Page (optional) ▶ **210.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. William Chenevert
Mailing Address 620 Ashbury Drive
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Operations Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 910.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.17149
Amount of Each Receipt this Period: 70.00

B.
Full Name (Last, First, Middle Initial)
Mr. William Chenevert
Mailing Address 620 Ashbury Drive
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Operations Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 980.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17150
Amount of Each Receipt this Period: 70.00

C.
Full Name (Last, First, Middle Initial)
Mr. William Chenevert
Mailing Address 620 Ashbury Drive
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Operations Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1050.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17151
Amount of Each Receipt this Period: 70.00

SUBTOTAL of Receipts This Page (optional) ▶ **210.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Mr. William Chenevert
Mailing Address 620 Ashbury Drive
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Operations Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1120.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17152
Amount of Each Receipt this Period: 70.00

B.
Full Name (Last, First, Middle Initial)
Mr. William Chenevert
Mailing Address 620 Ashbury Drive
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Operations Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1190.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17153
Amount of Each Receipt this Period: 70.00

C.
Full Name (Last, First, Middle Initial)
Mr. William Chenevert
Mailing Address 620 Ashbury Drive
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Operations Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1260.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17154
Amount of Each Receipt this Period: 70.00

SUBTOTAL of Receipts This Page (optional) ▶ **210.00**

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 65 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. William Chenevert
Mailing Address 620 Ashbury Drive
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Operations Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1330.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17155
Amount of Each Receipt this Period: 70.00

B. Full Name (Last, First, Middle Initial)
Ms Lisa Cherry
Mailing Address 1971 A Allwood Drive
City: Bethlehem | State: PA | Zip Code: 18018
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 207.62

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17165
Amount of Each Receipt this Period: 17.30

C. Full Name (Last, First, Middle Initial)
Ms Lisa Cherry
Mailing Address 1971 A Allwood Drive
City: Bethlehem | State: PA | Zip Code: 18018
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 224.92

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17166
Amount of Each Receipt this Period: 17.30

SUBTOTAL of Receipts This Page (optional) ▶ **104.60**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Lisa Cherry
Mailing Address 1971 A Allwood Drive
City: Bethlehem | State: PA | Zip Code: 18018
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 242.22

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17167
Amount of Each Receipt this Period: 17.30

B.
Full Name (Last, First, Middle Initial)
Ms Lisa Cherry
Mailing Address 1971 A Allwood Drive
City: Bethlehem | State: PA | Zip Code: 18018
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 259.52

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17168
Amount of Each Receipt this Period: 17.30

C.
Full Name (Last, First, Middle Initial)
Stephen Coetzee
Mailing Address PO Box 85
City: Nepport | State: PA | Zip Code: 17074
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 211.45

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17224
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ 53.82

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: PAGE 67 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Stephen Coetzee
Mailing Address PO Box 85
City: Neport | State: PA | Zip Code: 17074
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.67

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17225
Amount of Each Receipt this Period: 19.22

B.
Full Name (Last, First, Middle Initial)
Stephen Coetzee
Mailing Address PO Box 85
City: Neport | State: PA | Zip Code: 17074
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 249.89

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17226
Amount of Each Receipt this Period: 19.22

C.
Full Name (Last, First, Middle Initial)
Stephen Coetzee
Mailing Address PO Box 85
City: Neport | State: PA | Zip Code: 17074
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 289.11

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17227
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ 57.66

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 68 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Stephen Coetzee
Mailing Address PO Box 85
City: Nepart | State: PA | Zip Code: 17074
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 288.33

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17228
Amount of Each Receipt this Period: 19.22

B. Full Name (Last, First, Middle Initial)
Stephen Coetzee
Mailing Address PO Box 85
City: Nepart | State: PA | Zip Code: 17074
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 307.55

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17229
Amount of Each Receipt this Period: 19.22

C. Full Name (Last, First, Middle Initial)
Donna M Connery
Mailing Address 1835 Sutton Rd.
City: Shavertown | State: PA | Zip Code: 18708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.70

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17248
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **76.89**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Shawn P Corley
Mailing Address 1851 Creekview Dr.
City: Marysville | State: OH | Zip Code: 43040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.17249
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Shawn P Corley
Mailing Address 1851 Creekview Dr.
City: Marysville | State: OH | Zip Code: 43040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.17250
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Shawn P Corley
Mailing Address 1851 Creekview Dr.
City: Marysville | State: OH | Zip Code: 43040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.17251
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Shawn P Corley
Mailing Address 1851 Creekview Dr.
City: Marysville | State: OH | Zip Code: 43040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.17252
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Shawn P Corley
Mailing Address 1851 Creekview Dr.
City: Marysville | State: OH | Zip Code: 43040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 440.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.17253
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Shawn P Corley
Mailing Address 1851 Creekview Dr.
City: Marysville | State: OH | Zip Code: 43040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 480.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.17254
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Shawn P Corley
Mailing Address 1851 Creekview Dr.
City: Marysville | State: OH | Zip Code: 43040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 520.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.17255
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Shawn P Corley
Mailing Address 1851 Creekview Dr.
City: Marysville | State: OH | Zip Code: 43040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 560.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17256
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Shawn P Corley
Mailing Address 1851 Creekview Dr.
City: Marysville | State: OH | Zip Code: 43040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17257
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Shawn P Corley
Mailing Address 1851 Creekview Dr.
City: Marysville | State: OH | Zip Code: 43040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 640.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17258
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Shawn P Corley
Mailing Address 1851 Creekview Dr.
City: Marysville | State: OH | Zip Code: 43040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 680.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17259
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Shawn P Corley
Mailing Address 1851 Creekview Dr.
City: Marysville | State: OH | Zip Code: 43040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 720.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17260
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Shawn P Corley
Mailing Address 1851 Creekview Dr.
City: Marysville | State: OH | Zip Code: 43040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 760.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17281
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
Ms Pamela Cox
Mailing Address 3024 Round Table Court
City: Naples | State: FL | Zip Code: 34112
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.17274
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Ms Pamela Cox
Mailing Address 3024 Round Table Court
City: Naples | State: FL | Zip Code: 34112
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.17275
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Pamela Cox
Mailing Address 3024 Round Table Court
City: Naples | State: FL | Zip Code: 34112
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 08 10 2005
Transaction ID: SA11A1.17276
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Ms Pamela Cox
Mailing Address 3024 Round Table Court
City: Naples | State: FL | Zip Code: 34112
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 08 24 2005
Transaction ID: SA11A1.17277
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Ms Pamela Cox
Mailing Address 3024 Round Table Court
City: Naples | State: FL | Zip Code: 34112
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 325.00
Date of Receipt: 09 07 2005
Transaction ID: SA11A1.17278
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Pamela Cox
Mailing Address 3024 Round Table Court
City: Naples | State: FL | Zip Code: 34112
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 09 21 2005
Transaction ID: SA11A1.17279
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Ms Pamela Cox
Mailing Address 3024 Round Table Court
City: Naples | State: FL | Zip Code: 34112
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 10 05 2005
Transaction ID: SA11A1.17280
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Ms Pamela Cox
Mailing Address 3024 Round Table Court
City: Naples | State: FL | Zip Code: 34112
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17281
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms Pamela Cox
Mailing Address 3024 Round Table Court
City: Naples | State: FL | Zip Code: 34112
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 425.00
Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17282
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Ms Pamela Cox
Mailing Address 3024 Round Table Court
City: Naples | State: FL | Zip Code: 34112
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17283
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Ms Pamela Cox
Mailing Address 3024 Round Table Court
City: Naples | State: FL | Zip Code: 34112
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 475.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17284
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Pamela Cox
Mailing Address 3024 Round Table Court
City: Naples | State: FL | Zip Code: 34112
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17285
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Ms Pamela Cox
Mailing Address 3024 Round Table Court
City: Naples | State: FL | Zip Code: 34112
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 525.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17286
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Douglas S Crail
Mailing Address 5704 Ashbrook Drive
City: Toledo | State: OH | Zip Code: 43614
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir. Quality Mgmt
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17296
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Douglas S Crail
Mailing Address 5704 Ashbrook Drive
City: Toledo | State: OH | Zip Code: 43614
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir. Quality Mgmt
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17297
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Douglas S Crail
Mailing Address 5704 Ashbrook Drive
City: Toledo | State: OH | Zip Code: 43614
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir. Quality Mgmt
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17298
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Ms. Cecilia Credille
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.17301
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Cecile Credile
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.17302
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Ms. Cecile Credile
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.17303
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Ms. Cecile Credile
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.17304
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Cecilia Credille
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 325.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.17305
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Ms. Cecilia Credille
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17306
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Ms. Cecilia Credille
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17307
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Cecilia Credile
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17308
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Ms. Cecilia Credile
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 425.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17309
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Ms. Cecilia Credile
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17310
Amount of Each Receipt this Period: 25.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Ms. Cecilia Credile
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: 2005 — X Primary — General — Other (specify)
Aggregate Year-to-Date: 475.00
Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17311
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Victoria A Crenshaw
Mailing Address 736 Virginia Dare Dr
City: Virginia Beach | State: VA | Zip Code: 23451
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005 — X Primary — General — Other (specify)
Aggregate Year-to-Date: 215.00
Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17330
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Victoria A Crenshaw
Mailing Address 736 Virginia Dare Dr
City: Virginia Beach | State: VA | Zip Code: 23451
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005 — X Primary — General — Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17331
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Victoria A Crenshaw
Mailing Address 736 Virginia Dare Dr
City: Virginia Beach | State: VA | Zip Code: 23451
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 265.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17332
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Victoria A Crenshaw
Mailing Address 736 Virginia Dare Dr
City: Virginia Beach | State: VA | Zip Code: 23451
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 290.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17333
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Victoria A Crenshaw
Mailing Address 736 Virginia Dare Dr
City: Virginia Beach | State: VA | Zip Code: 23451
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 315.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17334
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Jamie S D'Angelo
Mailing Address 28 Oakland Ave
City: Wheeling | State: WV | Zip Code: 26003
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17422
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Janet Dadia
Mailing Address 6289 NW 78th Drive
City: Parkland | State: FL | Zip Code: 33067
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator - Lauderhill
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 215.32

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17382
Amount of Each Receipt this Period: 15.38

C. Full Name (Last, First, Middle Initial)
Janet Dadia
Mailing Address 6289 NW 78th Drive
City: Parkland | State: FL | Zip Code: 33067
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator - Lauderhill
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.70

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17383
Amount of Each Receipt this Period: 15.38

SUBTOTAL of Receipts This Page (optional) ▶ **50.76**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Janet Dadia
Mailing Address 6289 NW 78th Drive
City: Parkland | State: FL | Zip Code: 33067
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator - Lauderhill
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 246.08

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17384
Amount of Each Receipt this Period: 15.38

B.
Full Name (Last, First, Middle Initial)
Janet Dadia
Mailing Address 6289 NW 78th Drive
City: Parkland | State: FL | Zip Code: 33067
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator - Lauderhill
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 261.46

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17385
Amount of Each Receipt this Period: 15.38

C.
Full Name (Last, First, Middle Initial)
Janet Dadia
Mailing Address 6289 NW 78th Drive
City: Parkland | State: FL | Zip Code: 33067
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator - Lauderhill
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 276.84

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17386
Amount of Each Receipt this Period: 15.38

SUBTOTAL of Receipts This Page (optional) ▶ **46.14**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Janet Dadia
Mailing Address 8289 NW 78th Drive
City: Parkland | State: FL | Zip Code: 33067
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator - Lauderhill
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 292.22

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17387
Amount of Each Receipt this Period: 15.38

B. Full Name (Last, First, Middle Initial)
Karen L Davidson
Mailing Address 612 W. Magnolia
City: Pana | State: IL | Zip Code: 62557
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 207.71

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.17446
Amount of Each Receipt this Period: 23.07

C. Full Name (Last, First, Middle Initial)
Karen L Davidson
Mailing Address 612 W. Magnolia
City: Pana | State: IL | Zip Code: 62557
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.78

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.17447
Amount of Each Receipt this Period: 23.07

SUBTOTAL of Receipts This Page (optional) ▶ **61.52**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Karen L Davidson
Mailing Address 612 W. Magnolia
City: Pana | State: IL | Zip Code: 62557
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 253.85

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.17448
Amount of Each Receipt this Period: 23.07

B.
Full Name (Last, First, Middle Initial)
Karen L Davidson
Mailing Address 612 W. Magnolia
City: Pana | State: IL | Zip Code: 62557
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 276.92

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.17449
Amount of Each Receipt this Period: 23.07

C.
Full Name (Last, First, Middle Initial)
Karen L Davidson
Mailing Address 612 W. Magnolia
City: Pana | State: IL | Zip Code: 62557
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 299.99

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.17450
Amount of Each Receipt this Period: 23.07

SUBTOTAL of Receipts This Page (optional) ▶ **69.21**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Karen L Davidson
Mailing Address 612 W. Magnolia
City: Pana | State: IL | Zip Code: 62557
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 323.06

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.17451
Amount of Each Receipt this Period: 23.07

B.
Full Name (Last, First, Middle Initial)
Karen L Davidson
Mailing Address 612 W. Magnolia
City: Pana | State: IL | Zip Code: 62557
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.13

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.17452
Amount of Each Receipt this Period: 23.07

C.
Full Name (Last, First, Middle Initial)
Karen L Davidson
Mailing Address 612 W. Magnolia
City: Pana | State: IL | Zip Code: 62557
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 369.20

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17453
Amount of Each Receipt this Period: 23.07

SUBTOTAL of Receipts This Page (optional) ▶ **69.21**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Karen L Davidson
Mailing Address 612 W. Magnolia
City: Pana | State: IL | Zip Code: 62557
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 392.27

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17454
Amount of Each Receipt this Period: 23.07

B.
Full Name (Last, First, Middle Initial)
Karen L Davidson
Mailing Address 612 W. Magnolia
City: Pana | State: IL | Zip Code: 62557
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 415.34

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17455
Amount of Each Receipt this Period: 23.07

C.
Full Name (Last, First, Middle Initial)
Karen L Davidson
Mailing Address 612 W. Magnolia
City: Pana | State: IL | Zip Code: 62557
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 438.41

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17456
Amount of Each Receipt this Period: 23.07

SUBTOTAL of Receipts This Page (optional) ▶ **69.21**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Karen L Davidson
Mailing Address 812 W. Magnolia
City: Pana | State: IL | Zip Code: 62557
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 461.48

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17457
Amount of Each Receipt this Period: 23.07

B.
Full Name (Last, First, Middle Initial)
Karen L Davidson
Mailing Address 812 W. Magnolia
City: Pana | State: IL | Zip Code: 62557
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 484.55

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17458
Amount of Each Receipt this Period: 23.07

C.
Full Name (Last, First, Middle Initial)
Daniel W Deltzel III
Mailing Address 541 S 61st Street
City: Harrisburg | State: PA | Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17491
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **81.14**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Daniel W Delzell III
Mailing Address 541 S 61st Street
City: Harrisburg | State: PA | Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 245.00
Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17492
Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial)
Daniel W Delzell III
Mailing Address 541 S 61st Street
City: Harrisburg | State: PA | Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00
Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17493
Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial)
Daniel W Delzell III
Mailing Address 541 S 61st Street
City: Harrisburg | State: PA | Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 315.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17494
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 02 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Daniel W Delzell III
Mailing Address 541 S 61st Street
City: Harrisburg | State: PA | Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17495
Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial)
Daniel W Delzell III
Mailing Address 541 S 61st Street
City: Harrisburg | State: PA | Zip Code: 17111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 385.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17496
Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial)
Iva DeWitt-Hoblit
Mailing Address 3270 N Piqua Troy Rd
City: Troy | State: OH | Zip Code: 45373
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17568
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Iva DeWitt-Hobit
Mailing Address 3270 N Piqua Troy Rd
City: Troy | State: OH | Zip Code: 45373
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17569
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Iva DeWitt-Hobit
Mailing Address 3270 N Piqua Troy Rd
City: Troy | State: OH | Zip Code: 45373
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17570
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Janet E Diehl
Mailing Address 3903 BARBARA ANN DRIVE
City: MONROEVILLE | State: PA | Zip Code: 15146
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.17592
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **50.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Janet E Diehl
Mailing Address 3903 BARBARA ANN DRIVE
City: MONROEVILLE | State: PA | Zip Code: 15146
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 12 01 2005
Transaction ID: SA11A1.17593
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial)
Janet E Diehl
Mailing Address 3903 BARBARA ANN DRIVE
City: MONROEVILLE | State: PA | Zip Code: 15146
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.00

Date of Receipt: 12 08 2005
Transaction ID: SA11A1.17594
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial)
Janet E Diehl
Mailing Address 3903 BARBARA ANN DRIVE
City: MONROEVILLE | State: PA | Zip Code: 15146
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 12 15 2005
Transaction ID: SA11A1.17595
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **30.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Janet E Diehl
Mailing Address 3903 BARBARA ANN DRIVE
City: MONROEVILLE | State: PA | Zip Code: 15146
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 22 2005
Transaction ID: SA11A1.17596
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial)
Janet E Diehl
Mailing Address 3903 BARBARA ANN DRIVE
City: MONROEVILLE | State: PA | Zip Code: 15146
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 12 29 2005
Transaction ID: SA11A1.17597
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial)
Timothy C Dietzen
Mailing Address 3815 Sunnyview Rd
City: Appleton | State: WI | Zip Code: 54914
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 07 20 2005
Transaction ID: SA11A1.17599
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **50.00**

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 96 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Timothy C Dietzen
Mailing Address 3815 Sunnyview Rd
City: Appleton | State: WI | Zip Code: 54914
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 08 03 2005
Transaction ID: SA11A1.17600
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Timothy C Dietzen
Mailing Address 3815 Sunnyview Rd
City: Appleton | State: WI | Zip Code: 54914
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00

Date of Receipt: 08 17 2005
Transaction ID: SA11A1.17601
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Timothy C Dietzen
Mailing Address 3815 Sunnyview Rd
City: Appleton | State: WI | Zip Code: 54914
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 08 31 2005
Transaction ID: SA11A1.17602
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Timothy C Dietzen
Mailing Address 3815 Sunnyview Rd
City: Appleton | State: WI | Zip Code: 54914
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 330.00

Date of Receipt: 09 14 2005
Transaction ID: SA11A1.17603
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Timothy C Dietzen
Mailing Address 3815 Sunnyview Rd
City: Appleton | State: WI | Zip Code: 54914
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 09 28 2005
Transaction ID: SA11A1.17604
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Timothy C Dietzen
Mailing Address 3815 Sunnyview Rd
City: Appleton | State: WI | Zip Code: 54914
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 390.00

Date of Receipt: 10 12 2005
Transaction ID: SA11A1.17605
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 98 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Timothy C Dietzen
Mailing Address 3815 Sunnyview Rd
City: Appleton | State: WI | Zip Code: 54914
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 420.00
Date of Receipt: 10 26 2005
Transaction ID: SA11A1.17606
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Timothy C Dietzen
Mailing Address 3815 Sunnyview Rd
City: Appleton | State: WI | Zip Code: 54914
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 11 09 2005
Transaction ID: SA11A1.17607
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Timothy C Dietzen
Mailing Address 3815 Sunnyview Rd
City: Appleton | State: WI | Zip Code: 54914
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 480.00
Date of Receipt: 11 23 2005
Transaction ID: SA11A1.17608
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Timothy C Dietzen
Mailing Address 3815 Sunnyview Rd
City: Appleton | State: WI | Zip Code: 54914
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 510.00

Date of Receipt: 12 07 2005
Transaction ID: SA11A1.17609
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Timothy C Dietzen
Mailing Address 3815 Sunnyview Rd
City: Appleton | State: WI | Zip Code: 54914
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 540.00

Date of Receipt: 12 21 2005
Transaction ID: SA11A1.17610
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Jeannette Dunn
Mailing Address 916 Stargazer Road
City: Coatsville | State: PA | Zip Code: 19320
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Risk Manager Consultant
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 215.32

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17655
Amount of Each Receipt this Period: 15.38

SUBTOTAL of Receipts This Page (optional) ▶ **75.38**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jeannette Dunn
Mailing Address 916 Stargazer Road
City: Coatsville | State: PA | Zip Code: 19320
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Risk Manager Consultant
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.70

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17656
Amount of Each Receipt this Period: 15.38

B.
Full Name (Last, First, Middle Initial)
Jeannette Dunn
Mailing Address 916 Stargazer Road
City: Coatsville | State: PA | Zip Code: 19320
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Risk Manager Consultant
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 246.08

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17657
Amount of Each Receipt this Period: 15.38

C.
Full Name (Last, First, Middle Initial)
Jeannette Dunn
Mailing Address 916 Stargazer Road
City: Coatsville | State: PA | Zip Code: 19320
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Risk Manager Consultant
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 261.46

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17658
Amount of Each Receipt this Period: 15.38

SUBTOTAL of Receipts This Page (optional) ▶ **46.14**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jeannette Dunn
Mailing Address 916 Stargazer Road
City: Coatsville | State: PA | Zip Code: 19320
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Risk Manager Consultant
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 276.84

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17659
Amount of Each Receipt this Period: 15.38

B.
Full Name (Last, First, Middle Initial)
Jeannette Dunn
Mailing Address 916 Stargazer Road
City: Coatsville | State: PA | Zip Code: 19320
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Risk Manager Consultant
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 292.22

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17660
Amount of Each Receipt this Period: 15.38

C.
Full Name (Last, First, Middle Initial)
Marvin Elliott
Mailing Address 902 E. Central Ave
City: Miamisburg | State: OH | Zip Code: 45342
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator - Oak Ridge
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17731
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **40.76**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 480.74
Date of Receipt: 07 13 2005
Transaction ID: SA11A1.17829
Amount of Each Receipt this Period: 57.68

B. Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 538.42
Date of Receipt: 07 27 2005
Transaction ID: SA11A1.17830
Amount of Each Receipt this Period: 57.68

C. Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 596.10
Date of Receipt: 08 10 2005
Transaction ID: SA11A1.17831
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **173.04**

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 103 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 653.76

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.17832
Amount of Each Receipt this Period: 57.68

B.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 711.48

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.17833
Amount of Each Receipt this Period: 57.68

C.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 769.14

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.17834
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **173.04**

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 104 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 826.82

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.17835
Amount of Each Receipt this Period: 57.68

B.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 884.50

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17836
Amount of Each Receipt this Period: 57.68

C.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 942.18

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17837
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **173.04**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 699.86

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17838
Amount of Each Receipt this Period: 57.68

B.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1057.54

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17839
Amount of Each Receipt this Period: 57.68

C.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1115.22

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17840
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **173.04**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1172.90

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17841
Amount of Each Receipt this Period: 57.68

B.
Full Name (Last, First, Middle Initial)
Ms Roslind Ferrone
Mailing Address 1623 Tristle Court
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 215.38

Date of Receipt: 08 31 2005
Transaction ID: SA11A1.17846
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Ms Roslind Ferrone
Mailing Address 1623 Tristle Court
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 235.38

Date of Receipt: 09 14 2005
Transaction ID: SA11A1.17847
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **97.68**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Roslind Ferrone
Mailing Address 1623 Tristle Court
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 255.38

Date of Receipt: 09 28 2005
Transaction ID: SA11A1.17848
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Ms Roslind Ferrone
Mailing Address 1623 Tristle Court
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.38

Date of Receipt: 10 12 2005
Transaction ID: SA11A1.17849
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Ms Roslind Ferrone
Mailing Address 1623 Tristle Court
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 295.38

Date of Receipt: 10 26 2005
Transaction ID: SA11A1.17850
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 108 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Roslind Ferrone
Mailing Address 1623 Tristle Court
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 315.38

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.17851
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Ms Roslind Ferrone
Mailing Address 1623 Tristle Court
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 335.38

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.17852
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Ms Roslind Ferrone
Mailing Address 1623 Tristle Court
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 355.38

Date of Receipt: 12 07 2005
Transaction ID: SA11A1.17853
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms Roslind Ferrone
Mailing Address 1623 Tristle Court
City: Canton | State: MI | Zip Code: 48188
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 375.38
Date of Receipt: 12 21 2005
Transaction ID: SA11A1.17854
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Annette L Foght
Mailing Address 201 W. Hull Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 07 13 2005
Transaction ID: SA11A1.17868
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Annette L Foght
Mailing Address 201 W. Hull Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 07 27 2005
Transaction ID: SA11A1.17869
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 110 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Annette L Foght
Mailing Address 201 W. Hull Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.17870
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Annette L Foght
Mailing Address 201 W. Hull Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.17871
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Annette L Foght
Mailing Address 201 W. Hull Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 330.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.17872
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 111 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Annette L Foght
Mailing Address 201 W. Hull Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00
Date of Receipt: 09 21 2005
Transaction ID: SA11A1.17873
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Annette L Foght
Mailing Address 201 W. Hull Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 390.00
Date of Receipt: 10 05 2005
Transaction ID: SA11A1.17874
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Annette L Foght
Mailing Address 201 W. Hull Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 420.00
Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17875
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 112 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Annette L Foght
Mailing Address 201 W. Hull Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17876
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Annette L Foght
Mailing Address 201 W. Hull Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 480.00
Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17877
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Annette L Foght
Mailing Address 201 W. Hull Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 510.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17878
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 113 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Annette L Foght
Mailing Address 201 W. Hull Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 540.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17879
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Annette L Foght
Mailing Address 201 W. Hull Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 570.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17880
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Keran L Forrest
Mailing Address 3115 Wynstone Dr
City: Quincy | State: IL | Zip Code: 62305
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 215.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.17913
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 114 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Karen L Forrest
Mailing Address 3115 Wynsbone Dr
City: Quincy | State: IL | Zip Code: 62305
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.17914
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
Karen L Forrest
Mailing Address 3115 Wynsbone Dr
City: Quincy | State: IL | Zip Code: 62305
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 245.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.17915
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial)
Karen L Forrest
Mailing Address 3115 Wynsbone Dr
City: Quincy | State: IL | Zip Code: 62305
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.17916
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 115 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Karen L Forrest
Mailing Address 3115 Wynsbone Dr
City: Quincy | State: IL | Zip Code: 62305
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.17917
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
Karen L Forrest
Mailing Address 3115 Wynsbone Dr
City: Quincy | State: IL | Zip Code: 62305
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 290.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.17918
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial)
Karen L Forrest
Mailing Address 3115 Wynsbone Dr
City: Quincy | State: IL | Zip Code: 62305
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 305.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.17919
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional)	45.00
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 116 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Mr. Thomas Garvin
Mailing Address 143 Hart Avenue
City: Doylestown | State: PA | Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 207.69

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.17998
Amount of Each Receipt this Period: 23.07

B.
Full Name (Last, First, Middle Initial)
Mr. Thomas Garvin
Mailing Address 143 Hart Avenue
City: Doylestown | State: PA | Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.78

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.17999
Amount of Each Receipt this Period: 23.07

C.
Full Name (Last, First, Middle Initial)
Mr. Thomas Garvin
Mailing Address 143 Hart Avenue
City: Doylestown | State: PA | Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 253.83

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18000
Amount of Each Receipt this Period: 23.07

SUBTOTAL of Receipts This Page (optional) ▶ **69.21**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Thomas Garvin
Mailing Address 143 Hart Avenue
City: Doylestown | State: PA | Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 276.90

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18001
Amount of Each Receipt this Period: 23.07

B.
Full Name (Last, First, Middle Initial)
Mr. Thomas Garvin
Mailing Address 143 Hart Avenue
City: Doylestown | State: PA | Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 299.97

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18002
Amount of Each Receipt this Period: 23.07

C.
Full Name (Last, First, Middle Initial)
Mr. Thomas Garvin
Mailing Address 143 Hart Avenue
City: Doylestown | State: PA | Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 323.04

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18003
Amount of Each Receipt this Period: 23.07

SUBTOTAL of Receipts This Page (optional) ▶ **69.21**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Thomas Garvin
Mailing Address 143 Hart Avenue
City: Doylestown | State: PA | Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.11

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18004
Amount of Each Receipt this Period: 23.07

B.
Full Name (Last, First, Middle Initial)
Mr. Thomas Garvin
Mailing Address 143 Hart Avenue
City: Doylestown | State: PA | Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 369.18

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18005
Amount of Each Receipt this Period: 23.07

C.
Full Name (Last, First, Middle Initial)
Mr. Thomas Garvin
Mailing Address 143 Hart Avenue
City: Doylestown | State: PA | Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 392.25

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18006
Amount of Each Receipt this Period: 23.07

SUBTOTAL of Receipts This Page (optional) ▶ **69.21**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Thomas Garvin
Mailing Address 143 Hart Avenue
City: Doylestown | State: PA | Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 415.32

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18007
Amount of Each Receipt this Period: 23.07

B.
Full Name (Last, First, Middle Initial)
Mr. Thomas Garvin
Mailing Address 143 Hart Avenue
City: Doylestown | State: PA | Zip Code: 18901
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 438.39

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18008
Amount of Each Receipt this Period: 23.07

C.
Full Name (Last, First, Middle Initial)
Sally A Gates
Mailing Address 2011 20Th Ln
City: Palm Beach Gardens | State: FL | Zip Code: 33418
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 315.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.18009
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ **91.14**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Sally A Gates
Mailing Address 2011 20Th Ln
City: Palm Beach Gardens | State: FL | Zip Code: 33418
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.18010
Amount of Each Receipt this Period: 45.00

B.
Full Name (Last, First, Middle Initial)
Sally A Gates
Mailing Address 2011 20Th Ln
City: Palm Beach Gardens | State: FL | Zip Code: 33418
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 405.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18011
Amount of Each Receipt this Period: 45.00

C.
Full Name (Last, First, Middle Initial)
Sally A Gates
Mailing Address 2011 20Th Ln
City: Palm Beach Gardens | State: FL | Zip Code: 33418
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18012
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ **135.00**

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 121 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Sally A Gates
Mailing Address 2011 20Th Ln
City: Palm Beach Gardens | State: FL | Zip Code: 33418
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 495.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18013
Amount of Each Receipt this Period: 45.00

B.
Full Name (Last, First, Middle Initial)
Sally A Gates
Mailing Address 2011 20Th Ln
City: Palm Beach Gardens | State: FL | Zip Code: 33418
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 540.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18014
Amount of Each Receipt this Period: 45.00

C.
Full Name (Last, First, Middle Initial)
Sally A Gates
Mailing Address 2011 20Th Ln
City: Palm Beach Gardens | State: FL | Zip Code: 33418
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 585.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18015
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ **135.00**

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 122 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Sally A Gates
Mailing Address 2011 20Th Ln
City: Palm Beach Gardens | State: FL | Zip Code: 33418
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 630.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18016
Amount of Each Receipt this Period: 45.00

B.
Full Name (Last, First, Middle Initial)
Sally A Gates
Mailing Address 2011 20Th Ln
City: Palm Beach Gardens | State: FL | Zip Code: 33418
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 675.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18017
Amount of Each Receipt this Period: 45.00

C.
Full Name (Last, First, Middle Initial)
Sally A Gates
Mailing Address 2011 20Th Ln
City: Palm Beach Gardens | State: FL | Zip Code: 33418
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 720.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18018
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ **135.00**

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 123 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Sally A Gates
Mailing Address 2011 20Th Ln
City: Palm Beach Gardens | State: FL | Zip Code: 33418
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 765.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18019
Amount of Each Receipt this Period: 45.00

B.
Full Name (Last, First, Middle Initial)
Sally A Gates
Mailing Address 2011 20Th Ln
City: Palm Beach Gardens | State: FL | Zip Code: 33418
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 810.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18020
Amount of Each Receipt this Period: 45.00

C.
Full Name (Last, First, Middle Initial)
Sally A Gates
Mailing Address 2011 20Th Ln
City: Palm Beach Gardens | State: FL | Zip Code: 33418
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 855.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18021
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ **135.00**

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 124 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Larry Robert Godla
Mailing Address 1556 Mary Ellen Court
City: Mclean | State: VA | Zip Code: 22101
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Develop/Construction
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.72

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18034
Amount of Each Receipt this Period: 57.68

B. Full Name (Last, First, Middle Initial)
Larry Robert Godla
Mailing Address 1556 Mary Ellen Court
City: Mclean | State: VA | Zip Code: 22101
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Develop/Construction
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 288.40

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18035
Amount of Each Receipt this Period: 57.68

C. Full Name (Last, First, Middle Initial)
Larry Robert Godla
Mailing Address 1556 Mary Ellen Court
City: Mclean | State: VA | Zip Code: 22101
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Develop/Construction
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.08

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18036
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **173.04**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Larry Robert Godla
Mailing Address 1556 Mary Ellen Court
City: Mclean | State: VA | Zip Code: 22101
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Develop/Construction
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 403.76

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18037
Amount of Each Receipt this Period: 57.68

B. Full Name (Last, First, Middle Initial)
Larry Robert Godla
Mailing Address 1556 Mary Ellen Court
City: Mclean | State: VA | Zip Code: 22101
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Develop/Construction
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 461.44

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18038
Amount of Each Receipt this Period: 57.68

C. Full Name (Last, First, Middle Initial)
Larry Robert Godla
Mailing Address 1556 Mary Ellen Court
City: Mclean | State: VA | Zip Code: 22101
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Develop/Construction
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 519.12

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18039
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **173.04**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Larry Robert Godla
Mailing Address 1556 Mary Ellen Court
City: Mclean | State: VA | Zip Code: 22101
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Develop/Construction
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 576.80

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18040
Amount of Each Receipt this Period: 57.68

B. Full Name (Last, First, Middle Initial)
Larry Robert Godla
Mailing Address 1556 Mary Ellen Court
City: Mclean | State: VA | Zip Code: 22101
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Develop/Construction
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 634.48

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18041
Amount of Each Receipt this Period: 57.68

C. Full Name (Last, First, Middle Initial)
Judie Gove
Mailing Address 337 E. County Line Road
City: Greenwood | State: IN | Zip Code: 46143
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.18061
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **145.36**

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 127 / 465
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Judie Gove
Mailing Address 337 E. County Line Road
City: Greenwood | State: IN | Zip Code: 46143
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 07 27 2005
Transaction ID: SA11A1.18062
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Judie Gove
Mailing Address 337 E. County Line Road
City: Greenwood | State: IN | Zip Code: 46143
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00
Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18063
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Judie Gove
Mailing Address 337 E. County Line Road
City: Greenwood | State: IN | Zip Code: 46143
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18064
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Judie Gove
Mailing Address 337 E. County Line Road
City: Greenwood | State: IN | Zip Code: 46143
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 330.00
Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18065
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Judie Gove
Mailing Address 337 E. County Line Road
City: Greenwood | State: IN | Zip Code: 46143
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00
Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18066
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Judie Gove
Mailing Address 337 E. County Line Road
City: Greenwood | State: IN | Zip Code: 46143
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 390.00
Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18067
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Judie Gove
Mailing Address 337 E. County Line Road
City: Greenwood | State: IN | Zip Code: 46143
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 420.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18066
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Judie Gove
Mailing Address 337 E. County Line Road
City: Greenwood | State: IN | Zip Code: 46143
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18069
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Judie Gove
Mailing Address 337 E. County Line Road
City: Greenwood | State: IN | Zip Code: 46143
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 480.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18070
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Judie Gove
Mailing Address 337 E. County Line Road
City: Greenwood | State: IN | Zip Code: 46143
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 510.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18071
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Judie Gove
Mailing Address 337 E. County Line Road
City: Greenwood | State: IN | Zip Code: 46143
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 540.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18072
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Judie Gove
Mailing Address 337 E. County Line Road
City: Greenwood | State: IN | Zip Code: 46143
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 570.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18073
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Bradley J Granger
Mailing Address 246 Dogwood Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18076
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Bradley J Granger
Mailing Address 246 Dogwood Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18077
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Bradley J Granger
Mailing Address 246 Dogwood Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18078
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 132 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Bradley J Granger
Mailing Address 246 Dogwood Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18079
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Bradley J Granger
Mailing Address 246 Dogwood Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18080
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Bradley J Granger
Mailing Address 246 Dogwood Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18081
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Bradley J Granger
Mailing Address 246 Dogwood Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18082
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Bradley J Granger
Mailing Address 246 Dogwood Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18083
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Bradley J Granger
Mailing Address 246 Dogwood Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 650.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18084
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Bradley J Granger
Mailing Address 246 Dogwood Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18085
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Bradley J Granger
Mailing Address 246 Dogwood Dr.
City: Delaware | State: OH | Zip Code: 43015
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18086
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Jessica C Grant
Mailing Address 887 Ardmore SE
City: Grand Rapids | State: MI | Zip Code: 49507
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Marketing Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 212.50

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18088
Amount of Each Receipt this Period: 12.50

SUBTOTAL of Receipts This Page (optional) ▶ **112.50**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 135 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jessica C Grant
Mailing Address 867 Ardmore SE
City: Grand Rapids | State: MI | Zip Code: 49507
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Marketing Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18099
Amount of Each Receipt this Period: 12.50

B.
Full Name (Last, First, Middle Initial)
Pamela Grant
Mailing Address 403 Hartless Rd
City: Amherst | State: VA | Zip Code: 24521
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18106
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Pamela Grant
Mailing Address 403 Hartless Rd
City: Amherst | State: VA | Zip Code: 24521
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18107
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 92.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 136 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Pamela Grant
Mailing Address 403 Hartless Rd
City: Amherst | State: VA | Zip Code: 24521
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18108
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Pamela Grant
Mailing Address 403 Hartless Rd
City: Amherst | State: VA | Zip Code: 24521
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18109
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Pamela Grant
Mailing Address 403 Hartless Rd
City: Amherst | State: VA | Zip Code: 24521
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18110
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 137 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ruth G Graziano
Mailing Address 337D Singerly Rd
City: Elkton | State: MD | Zip Code: 21921-2639
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.18144
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Ruth G Graziano
Mailing Address 337D Singerly Rd
City: Elkton | State: MD | Zip Code: 21921-2639
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.18145
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Ruth G Graziano
Mailing Address 337D Singerly Rd
City: Elkton | State: MD | Zip Code: 21921-2639
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18146
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 138 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ruth G Graziano
Mailing Address 337D Singerly Rd
City: Elkton | State: MD | Zip Code: 21921-2639
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18147
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Ruth G Graziano
Mailing Address 337D Singerly Rd
City: Elkton | State: MD | Zip Code: 21921-2639
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18148
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Ruth G Graziano
Mailing Address 337D Singerly Rd
City: Elkton | State: MD | Zip Code: 21921-2639
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18149
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 139 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ruth G Graziano
Mailing Address 337D Singerly Rd
City: Elkton | State: MD | Zip Code: 21921-2639
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 650.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18150
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Ruth G Graziano
Mailing Address 337D Singerly Rd
City: Elkton | State: MD | Zip Code: 21921-2639
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18151
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Ruth G Graziano
Mailing Address 337D Singerly Rd
City: Elkton | State: MD | Zip Code: 21921-2639
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18152
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 140 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ruth G Graziano
Mailing Address 337D Singerly Rd
City: Elkton | State: MD | Zip Code: 21921-2639
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18153
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Ruth G Graziano
Mailing Address 337D Singerly Rd
City: Elkton | State: MD | Zip Code: 21921-2639
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 850.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18154
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Ruth G Graziano
Mailing Address 337D Singerly Rd
City: Elkton | State: MD | Zip Code: 21921-2639
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 900.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18155
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 141 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ruth G Graziano
Mailing Address 3370 Singerly Rd
City: Elkton | State: MD | Zip Code: 21921-2639
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 650.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18156
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Jeffrey Grillo
Mailing Address 20566 Courier Ridge Place
City: Ashburn | State: VA | Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 384.59

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.18187
Amount of Each Receipt this Period: 76.91

C.
Full Name (Last, First, Middle Initial)
Jeffrey Grillo
Mailing Address 20566 Courier Ridge Place
City: Ashburn | State: VA | Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 461.50

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.18188
Amount of Each Receipt this Period: 76.91

SUBTOTAL of Receipts This Page (optional) ▶ **203.82**

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: PAGE 142 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jeffrey Grillo
Mailing Address 20586 Courier Ridge Place
City: Ashburn | State: VA | Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 538.41

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18189
Amount of Each Receipt this Period: 76.91

B.
Full Name (Last, First, Middle Initial)
Jeffrey Grillo
Mailing Address 20586 Courier Ridge Place
City: Ashburn | State: VA | Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 615.32

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18190
Amount of Each Receipt this Period: 76.91

C.
Full Name (Last, First, Middle Initial)
Jeffrey Grillo
Mailing Address 20586 Courier Ridge Place
City: Ashburn | State: VA | Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 692.23

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18191
Amount of Each Receipt this Period: 76.91

SUBTOTAL of Receipts This Page (optional) ▶ **230.73**

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 143 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Jeffrey Grillo
Mailing Address 20586 Courier Ridge Place
City: Ashburn | State: VA | Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 769.14

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18192
Amount of Each Receipt this Period: 76.91

B. Full Name (Last, First, Middle Initial)
Jeffrey Grillo
Mailing Address 20586 Courier Ridge Place
City: Ashburn | State: VA | Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 846.05

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18193
Amount of Each Receipt this Period: 76.91

C. Full Name (Last, First, Middle Initial)
Jeffrey Grillo
Mailing Address 20586 Courier Ridge Place
City: Ashburn | State: VA | Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 922.96

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18194
Amount of Each Receipt this Period: 76.91

SUBTOTAL of Receipts This Page (optional) ▶ **230.73**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 144 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Jeffrey Grillo
Mailing Address 20586 Courier Ridge Place
City: Ashburn | State: VA | Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 699.87

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18195
Amount of Each Receipt this Period: 76.91

B. Full Name (Last, First, Middle Initial)
Jeffrey Grillo
Mailing Address 20586 Courier Ridge Place
City: Ashburn | State: VA | Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1078.78

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18196
Amount of Each Receipt this Period: 76.91

C. Full Name (Last, First, Middle Initial)
Jeffrey Grillo
Mailing Address 20586 Courier Ridge Place
City: Ashburn | State: VA | Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1153.69

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18197
Amount of Each Receipt this Period: 76.91

SUBTOTAL of Receipts This Page (optional) ▶ **230.73**

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 145 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Jeffrey Grillo
Mailing Address 20586 Courier Ridge Place
City: Ashburn | State: VA | Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1230.60

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18198
Amount of Each Receipt this Period: 76.91

B. Full Name (Last, First, Middle Initial)
Jeffrey Grillo
Mailing Address 20586 Courier Ridge Place
City: Ashburn | State: VA | Zip Code: 20147
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1307.51

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18199
Amount of Each Receipt this Period: 76.91

C. Full Name (Last, First, Middle Initial)
Deborah L Gross
Mailing Address 687 Westview NW
City: Grand Rapids | State: MI | Zip Code: 49504
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator - Crestview
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18225
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **163.82**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Tara L Guggenbiller
Mailing Address 581B Genoa Farms Blvd.
City: Westerville | State: OH | Zip Code: 43082
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18237
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Tara L Guggenbiller
Mailing Address 581B Genoa Farms Blvd.
City: Westerville | State: OH | Zip Code: 43082
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18238
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Tara L Guggenbiller
Mailing Address 581B Genoa Farms Blvd.
City: Westerville | State: OH | Zip Code: 43082
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18239
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 147 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Stephen L Guillard
Mailing Address 217 Garden St
City: Needham | State: MA | Zip Code: 02492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Vice President
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 307.70

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.18242
Amount of Each Receipt this Period: 153.85

B.
Full Name (Last, First, Middle Initial)
Stephen L Guillard
Mailing Address 217 Garden St
City: Needham | State: MA | Zip Code: 02492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Vice President
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 461.55

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18243
Amount of Each Receipt this Period: 153.85

C.
Full Name (Last, First, Middle Initial)
Stephen L Guillard
Mailing Address 217 Garden St
City: Needham | State: MA | Zip Code: 02492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Vice President
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 615.40

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18244
Amount of Each Receipt this Period: 153.85

SUBTOTAL of Receipts This Page (optional) ▶ **461.55**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 148 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Stephen L Guillard
Mailing Address 217 Garden St
City: Needham | State: MA | Zip Code: 02492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Vice President
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 769.25

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18245
Amount of Each Receipt this Period: 153.85

B.
Full Name (Last, First, Middle Initial)
Stephen L Guillard
Mailing Address 217 Garden St
City: Needham | State: MA | Zip Code: 02492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Vice President
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 923.10

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18246
Amount of Each Receipt this Period: 153.85

C.
Full Name (Last, First, Middle Initial)
Stephen L Guillard
Mailing Address 217 Garden St
City: Needham | State: MA | Zip Code: 02492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Vice President
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1076.95

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18247
Amount of Each Receipt this Period: 153.85

SUBTOTAL of Receipts This Page (optional) ▶ **461.55**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 149 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Stephen L Guillard
Mailing Address 217 Garden St
City: Needham | State: MA | Zip Code: 02492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Vice President
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1230.80

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18248
Amount of Each Receipt this Period: 153.85

B.
Full Name (Last, First, Middle Initial)
Stephen L Guillard
Mailing Address 217 Garden St
City: Needham | State: MA | Zip Code: 02492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Vice President
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1384.65

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18249
Amount of Each Receipt this Period: 153.85

C.
Full Name (Last, First, Middle Initial)
Stephen L Guillard
Mailing Address 217 Garden St
City: Needham | State: MA | Zip Code: 02492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Vice President
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1538.50

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18250
Amount of Each Receipt this Period: 153.85

SUBTOTAL of Receipts This Page (optional) ▶ **461.55**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 150 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Stephen L Guillard
Mailing Address 217 Garden St
City: Needham | State: MA | Zip Code: 02492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Vice President
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1692.35

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18251
Amount of Each Receipt this Period: 153.85

B. Full Name (Last, First, Middle Initial)
Stephen L Guillard
Mailing Address 217 Garden St
City: Needham | State: MA | Zip Code: 02492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Vice President
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1846.20

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18252
Amount of Each Receipt this Period: 153.85

C. Full Name (Last, First, Middle Initial)
Stephen L Guillard
Mailing Address 217 Garden St
City: Needham | State: MA | Zip Code: 02492
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Vice President
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 2000.05

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18253
Amount of Each Receipt this Period: 153.85

SUBTOTAL of Receipts This Page (optional) ▶ **461.55**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 151 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mark Guth
Mailing Address 28746 Little Big Horn Drive
City: Evergreen | State: CO | Zip Code: 80439
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: DMD - Marketing Mid States Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 252.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.18254
Amount of Each Receipt this Period: 36.00

B. Full Name (Last, First, Middle Initial)
Mark Guth
Mailing Address 28746 Little Big Horn Drive
City: Evergreen | State: CO | Zip Code: 80439
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: DMD - Marketing Mid States Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 288.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.18255
Amount of Each Receipt this Period: 36.00

C. Full Name (Last, First, Middle Initial)
Mark Guth
Mailing Address 28746 Little Big Horn Drive
City: Evergreen | State: CO | Zip Code: 80439
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: DMD - Marketing Mid States Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 324.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18256
Amount of Each Receipt this Period: 36.00

SUBTOTAL of Receipts This Page (optional) ▶ **108.00**

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 152 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mark Guth
Mailing Address 28746 Little Big Horn Drive
City: Evergreen | State: CO | Zip Code: 80439
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: DMD - Marketing Mid States Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18257
Amount of Each Receipt this Period: 36.00

B. Full Name (Last, First, Middle Initial)
Mark Guth
Mailing Address 28746 Little Big Horn Drive
City: Evergreen | State: CO | Zip Code: 80439
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: DMD - Marketing Mid States Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 396.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18258
Amount of Each Receipt this Period: 36.00

C. Full Name (Last, First, Middle Initial)
Mark Guth
Mailing Address 28746 Little Big Horn Drive
City: Evergreen | State: CO | Zip Code: 80439
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: DMD - Marketing Mid States Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 432.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18259
Amount of Each Receipt this Period: 36.00

SUBTOTAL of Receipts This Page (optional) ▶ **108.00**

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 153 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Mark Guth
Mailing Address 28746 Little Big Horn Drive
City: Evergreen | State: CO | Zip Code: 80439
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: DMD - Marketing Mid States Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 468.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18260
Amount of Each Receipt this Period: 36.00

B. Full Name (Last, First, Middle Initial)
Mark Guth
Mailing Address 28746 Little Big Horn Drive
City: Evergreen | State: CO | Zip Code: 80439
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: DMD - Marketing Mid States Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 504.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18261
Amount of Each Receipt this Period: 36.00

C. Full Name (Last, First, Middle Initial)
Mark Guth
Mailing Address 28746 Little Big Horn Drive
City: Evergreen | State: CO | Zip Code: 80439
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: DMD - Marketing Mid States Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 540.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18262
Amount of Each Receipt this Period: 36.00

SUBTOTAL of Receipts This Page (optional) ▶ **108.00**

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 154 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Mark Guth
Mailing Address 28746 Little Big Horn Drive
City: Evergreen | State: CO | Zip Code: 80439
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: DMD - Marketing Mid States Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 576.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18263
Amount of Each Receipt this Period: 36.00

B.
Full Name (Last, First, Middle Initial)
Mark Guth
Mailing Address 28746 Little Big Horn Drive
City: Evergreen | State: CO | Zip Code: 80439
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: DMD - Marketing Mid States Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 612.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18264
Amount of Each Receipt this Period: 36.00

C.
Full Name (Last, First, Middle Initial)
Mark Guth
Mailing Address 28746 Little Big Horn Drive
City: Evergreen | State: CO | Zip Code: 80439
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: DMD - Marketing Mid States Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 648.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18265
Amount of Each Receipt this Period: 36.00

SUBTOTAL of Receipts This Page (optional) ▶ **108.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 155 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mark Guth
Mailing Address 28746 Little Big Horn Drive
City: Evergreen | State: CO | Zip Code: 80439
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: DMD - Marketing Mid States Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 684.00
Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18286
Amount of Each Receipt this Period: 36.00

B. Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 09 01 2005
Transaction ID: SA11A1.18276
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 08 2005
Transaction ID: SA11A1.18277
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **86.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.00

Date of Receipt: 09 15 2005
Transaction ID: SA11A1.18278
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 22 2005
Transaction ID: SA11A1.18279
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 325.00

Date of Receipt: 09 29 2005
Transaction ID: SA11A1.18280
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 157 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005 — X Primary — General — Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 10 06 2005
Transaction ID: SA11A1.18281
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005 — X Primary — General — Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 10 13 2005
Transaction ID: SA11A1.18282
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005 — X Primary — General — Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 10 20 2005
Transaction ID: SA11A1.18283
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 158 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 425.00

Date of Receipt: 10 27 2005
Transaction ID: SA11A1.18284
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 03 2005
Transaction ID: SA11A1.18285
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 475.00

Date of Receipt: 11 10 2005
Transaction ID: SA11A1.18286
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 159 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 17 2005
Transaction ID: SA11A1.18287
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 525.00

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.18288
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 12 01 2005
Transaction ID: SA11A1.18289
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 160 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 575.00

Date of Receipt: 12 08 2005
Transaction ID: SA11A1.18290
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 12 15 2005
Transaction ID: SA11A1.18291
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 625.00

Date of Receipt: 12 22 2005
Transaction ID: SA11A1.18292
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 161 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Leon Douglas Hall
Mailing Address 1642 Mountain Shadow Trail
City: Stone Mountain | State: GA | Zip Code: 30087
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Dir of Ops
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 650.00

Date of Receipt: 12 29 2005
Transaction ID: SA11A1.18293
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
J Susan Harless
Mailing Address 7525 Kings Hollow Court
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clin Serv^ 4H
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 560.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.18335
Amount of Each Receipt this Period: 80.00

C.
Full Name (Last, First, Middle Initial)
J Susan Harless
Mailing Address 7525 Kings Hollow Court
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clin Serv^ 4H
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 640.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.18336
Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ **185.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 162 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
J Susan Harless
Mailing Address 7525 Kings Hollow Court
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clin Serv^ 4H
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 720.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18337
Amount of Each Receipt this Period: 80.00

B.
Full Name (Last, First, Middle Initial)
J Susan Harless
Mailing Address 7525 Kings Hollow Court
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clin Serv^ 4H
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18338
Amount of Each Receipt this Period: 80.00

C.
Full Name (Last, First, Middle Initial)
J Susan Harless
Mailing Address 7525 Kings Hollow Court
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clin Serv^ 4H
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 880.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18339
Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ **240.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 163 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
J Susan Harless
Mailing Address 7525 Kings Hollow Court
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clin Serv^ 4H
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 960.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18340
Amount of Each Receipt this Period: 80.00

B.
Full Name (Last, First, Middle Initial)
J Susan Harless
Mailing Address 7525 Kings Hollow Court
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clin Serv^ 4H
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1040.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18341
Amount of Each Receipt this Period: 80.00

C.
Full Name (Last, First, Middle Initial)
J Susan Harless
Mailing Address 7525 Kings Hollow Court
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clin Serv^ 4H
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1120.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18342
Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ **240.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 164 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
J Susan Harless
Mailing Address 7525 Kings Hollow Court
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clin Serv^ 4H
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1200.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18343
Amount of Each Receipt this Period: 80.00

B.
Full Name (Last, First, Middle Initial)
J Susan Harless
Mailing Address 7525 Kings Hollow Court
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clin Serv^ 4H
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1280.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18344
Amount of Each Receipt this Period: 80.00

C.
Full Name (Last, First, Middle Initial)
J Susan Harless
Mailing Address 7525 Kings Hollow Court
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clin Serv^ 4H
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1360.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18345
Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ **240.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 165 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
J Susan Harless
Mailing Address 7525 Kings Hollow Court
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clin Serv^ 4H
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1440.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18346
Amount of Each Receipt this Period: 80.00

B.
Full Name (Last, First, Middle Initial)
J Susan Harless
Mailing Address 7525 Kings Hollow Court
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clin Serv^ 4H
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1520.00

Date of Receipt: 12 27 2005
Transaction ID: SA11A1.18347
Amount of Each Receipt this Period: 80.00

C.
Full Name (Last, First, Middle Initial)
Keran Harris
Mailing Address 8250 SW 8th St
City: North Lauderdale | State: FL | Zip Code: 33068
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Assistant Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18360
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **170.00**

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 166 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Alan Hash
Mailing Address 9496South Dunbar Circle
City: South Jordan | State: UT | Zip Code: 84095
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Director - Western Division 5
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 269.21

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.18373
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Mr. Alan Hash
Mailing Address 9496South Dunbar Circle
City: South Jordan | State: UT | Zip Code: 84095
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Director - Western Division 5
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 307.66

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.18374
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Mr. Alan Hash
Mailing Address 9496South Dunbar Circle
City: South Jordan | State: UT | Zip Code: 84095
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Director - Western Division 5
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.11

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18375
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 167 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Alan Hash
Mailing Address 9496South Dunbar Circle
City: South Jordan | State: UT | Zip Code: 84095
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Director - Western Division 5
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 384.56

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18376
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Mr. Alan Hash
Mailing Address 9496South Dunbar Circle
City: South Jordan | State: UT | Zip Code: 84095
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Director - Western Division 5
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 423.01

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18377
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Mr. Alan Hash
Mailing Address 9496South Dunbar Circle
City: South Jordan | State: UT | Zip Code: 84095
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Director - Western Division 5
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 461.46

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18378
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 168 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Alan Hash
Mailing Address 9496South Dunbar Circle
City: South Jordan | State: UT | Zip Code: 84095
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Director - Western Division 5
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 499.91

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18379
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Mr. Alan Hash
Mailing Address 9496South Dunbar Circle
City: South Jordan | State: UT | Zip Code: 84095
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Director - Western Division 5
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 538.36

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18380
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Mr. Alan Hash
Mailing Address 9496South Dunbar Circle
City: South Jordan | State: UT | Zip Code: 84095
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Director - Western Division 5
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 576.81

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18381
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 169 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Alan Hash
Mailing Address 9496South Dunbar Circle
City: South Jordan | State: UT | Zip Code: 84095
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Director - Western Division 5
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 615.26

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18382
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Mr. Alan Hash
Mailing Address 9496South Dunbar Circle
City: South Jordan | State: UT | Zip Code: 84095
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Director - Western Division 5
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 653.71

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18383
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Mr. Alan Hash
Mailing Address 9496South Dunbar Circle
City: South Jordan | State: UT | Zip Code: 84095
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Director - Western Division 5
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 692.16

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18384
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 170 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Alan Hash
Mailing Address 9496South Dunbar Circle
City: South Jordan | State: UT | Zip Code: 84095
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Director - Western Division 5
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 730.61

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18385
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Sandra K Hayes
Mailing Address 15719 N. Chronicle Lane
City: Mead | State: WA | Zip Code: 99021
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 215.32

Date of Receipt: 10 26 2005
Transaction ID: SA11A1.18408
Amount of Each Receipt this Period: 15.38

C.
Full Name (Last, First, Middle Initial)
Sandra K Hayes
Mailing Address 15719 N. Chronicle Lane
City: Mead | State: WA | Zip Code: 99021
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.70

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.18409
Amount of Each Receipt this Period: 15.38

SUBTOTAL of Receipts This Page (optional) ▶ **69.21**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 171 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Sandra K Hayes
Mailing Address 15719 N. Chronicle Lane
City: Mead | State: WA | Zip Code: 99021
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 246.08
Date of Receipt: 11 23 2005
Transaction ID: SA11A1.18410
Amount of Each Receipt this Period: 15.38

B. Full Name (Last, First, Middle Initial)
Sandra K Hayes
Mailing Address 15719 N. Chronicle Lane
City: Mead | State: WA | Zip Code: 99021
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 261.46
Date of Receipt: 12 07 2005
Transaction ID: SA11A1.18411
Amount of Each Receipt this Period: 15.38

C. Full Name (Last, First, Middle Initial)
Sandra K Hayes
Mailing Address 15719 N. Chronicle Lane
City: Mead | State: WA | Zip Code: 99021
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 276.84
Date of Receipt: 12 21 2005
Transaction ID: SA11A1.18412
Amount of Each Receipt this Period: 15.38

SUBTOTAL of Receipts This Page (optional) ▶ **46.14**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 172 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Kevin C Henricks
Mailing Address 23 Chicago St. Apt.G
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.18413
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Kevin C Henricks
Mailing Address 23 Chicago St. Apt.G
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.18414
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Kevin C Henricks
Mailing Address 23 Chicago St. Apt.G
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18415
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 173 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Kevin C Henricks
Mailing Address 23 Chicago St. Apt.G
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18416
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Kevin C Henricks
Mailing Address 23 Chicago St. Apt.G
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 440.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18417
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Kevin C Henricks
Mailing Address 23 Chicago St. Apt.G
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 480.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18418
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 174 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Kevin C Henricks
Mailing Address 23 Chicago St. Apt.G
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 520.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18419
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Kevin C Henricks
Mailing Address 23 Chicago St. Apt.G
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 560.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18420
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Kevin C Henricks
Mailing Address 23 Chicago St. Apt.G
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18421
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 175 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Kevin C Henricks
Mailing Address 23 Chicago St. Apt.G
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 640.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18422
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Kevin C Henricks
Mailing Address 23 Chicago St. Apt.G
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 680.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18423
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Kevin C Henricks
Mailing Address 23 Chicago St. Apt.G
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 720.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18424
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 176 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Kevin C Henricks
Mailing Address 23 Chicago St. Apt.G
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 760.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18425
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
Maureen Hines
Mailing Address 640 Weatherstone Rd
City: Holland | State: OH | Zip Code: 43528
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir Nursing Leadership Develop
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18497
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Timothy M Hoek
Mailing Address 7047 Shooters Hill
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director Ops Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18515
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 177 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Timothy M Hoek
Mailing Address 7047 Shooters Hill
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director^ Ops Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18516
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Timothy M Hoek
Mailing Address 7047 Shooters Hill
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director^ Ops Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18517
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Timothy M Hoek
Mailing Address 7047 Shooters Hill
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director^ Ops Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18518
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 178 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Timothy M Hoek
Mailing Address 7047 Shooters Hill
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director^ Ops Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18519
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Timothy M Hoek
Mailing Address 7047 Shooters Hill
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director^ Ops Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18520
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Timothy M Hoek
Mailing Address 7047 Shooters Hill
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director^ Ops Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 340.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18521
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 179 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Timothy M Hock
Mailing Address 7047 Shooters Hill
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director^ Ops Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18522
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Timothy M Hock
Mailing Address 7047 Shooters Hill
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director^ Ops Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 380.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18523
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Michael Hoffner
Mailing Address 19078 Turkey Meadow Lane
City: Strongsville | State: OH | Zip Code: 44136
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Manager Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 204.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18534
Amount of Each Receipt this Period: 12.00

SUBTOTAL of Receipts This Page (optional) ▶ **52.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 180 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Michael Hoffner
Mailing Address 19078 Turkey Meadow Lane
City: Strongsville | State: OH | Zip Code: 44136
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Manager Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 216.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18535
Amount of Each Receipt this Period: 12.00

B.
Full Name (Last, First, Middle Initial)
Michael Hoffner
Mailing Address 19078 Turkey Meadow Lane
City: Strongsville | State: OH | Zip Code: 44136
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Manager Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 228.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18536
Amount of Each Receipt this Period: 12.00

C.
Full Name (Last, First, Middle Initial)
Sheron E Hollins
Mailing Address 3311 Gallatin Rd
City: Toledo | State: OH | Zip Code: 43608
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Assistant General Counsel
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 207.60

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18548
Amount of Each Receipt this Period: 11.53

SUBTOTAL of Receipts This Page (optional) ▶ 35.53

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 181 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Sharon E Hollins
Mailing Address 3311 Gallatin Rd
City: Toledo | State: OH | Zip Code: 43606
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Assistant General Counsel
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 219.13

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18549
Amount of Each Receipt this Period: 11.53

B. Full Name (Last, First, Middle Initial)
Lynn M Hood
Mailing Address 15415 Meadow Wood Dr
City: Wellington | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 309.21

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.18574
Amount of Each Receipt this Period: 38.45

C. Full Name (Last, First, Middle Initial)
Lynn M Hood
Mailing Address 15415 Meadow Wood Dr
City: Wellington | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 347.66

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.18575
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **88.43**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 182 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Lynn M Hood
Mailing Address 15415 Meadow Wood Dr
City: Wellington | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 386.11

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18576
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Lynn M Hood
Mailing Address 15415 Meadow Wood Dr
City: Wellington | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 424.56

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18577
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Lynn M Hood
Mailing Address 15415 Meadow Wood Dr
City: Wellington | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 463.01

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18578
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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 183 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Lynn M Hood
Mailing Address 15415 Meadow Wood Dr
City: Wellington | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 501.46

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18579
Amount of Each Receipt this Period: 38.45

B. Full Name (Last, First, Middle Initial)
Lynn M Hood
Mailing Address 15415 Meadow Wood Dr
City: Wellington | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 539.91

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18580
Amount of Each Receipt this Period: 38.45

C. Full Name (Last, First, Middle Initial)
Lynn M Hood
Mailing Address 15415 Meadow Wood Dr
City: Wellington | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 578.36

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18581
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 184 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Lynn M Hood
Mailing Address 15415 Meadow Wood Dr
City: Wellington | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 616.81
Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18582
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Lynn M Hood
Mailing Address 15415 Meadow Wood Dr
City: Wellington | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 655.26
Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18583
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Lynn M Hood
Mailing Address 15415 Meadow Wood Dr
City: Wellington | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 693.71
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18584
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 185 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Lynn M Hood
Mailing Address 15415 Meadow Wood Dr
City: Wellington | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 732.16

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18585
Amount of Each Receipt this Period: 38.45

B. Full Name (Last, First, Middle Initial)
Lynn M Hood
Mailing Address 15415 Meadow Wood Dr
City: Wellington | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 770.61

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18586
Amount of Each Receipt this Period: 38.45

C. Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 317.29

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.18587
Amount of Each Receipt this Period: 63.45

SUBTOTAL of Receipts This Page (optional) ▶ **140.35**

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 186 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 380.74

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.18588
Amount of Each Receipt this Period: 63.45

B.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 444.19

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18589
Amount of Each Receipt this Period: 63.45

C.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 507.64

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18590
Amount of Each Receipt this Period: 63.45

SUBTOTAL of Receipts This Page (optional) ▶ **190.35**

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 187 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 571.09

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18591
Amount of Each Receipt this Period: 63.45

B.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 634.54

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18592
Amount of Each Receipt this Period: 63.45

C.
Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 697.99

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18593
Amount of Each Receipt this Period: 63.45

SUBTOTAL of Receipts This Page (optional) ▶ **190.35**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 188 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 761.44

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18594
Amount of Each Receipt this Period: 63.45

B. Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 824.89

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18595
Amount of Each Receipt this Period: 63.45

C. Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 888.34

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18596
Amount of Each Receipt this Period: 63.45

SUBTOTAL of Receipts This Page (optional) ▶ **190.35**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 189 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 651.79

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18597
Amount of Each Receipt this Period: 63.45

B. Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1015.24

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18598
Amount of Each Receipt this Period: 63.45

C. Full Name (Last, First, Middle Initial)
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: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1078.69

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18599
Amount of Each Receipt this Period: 63.45

SUBTOTAL of Receipts This Page (optional) ▶	190.35
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 180 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jeffrey R House
Mailing Address 11699 Bennington Rd
City: Durand | State: MI | Zip Code: 48429
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.18635
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial)
Jeffrey R House
Mailing Address 11699 Bennington Rd
City: Durand | State: MI | Zip Code: 48429
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 12 01 2005
Transaction ID: SA11A1.18636
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial)
Jeffrey R House
Mailing Address 11699 Bennington Rd
City: Durand | State: MI | Zip Code: 48429
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.00

Date of Receipt: 12 08 2005
Transaction ID: SA11A1.18637
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **30.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jeffrey R House
Mailing Address 11699 Bennington Rd
City: Durand | State: MI | Zip Code: 48429
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 12 15 2005
Transaction ID: SA11A1.18638
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial)
Jeffrey R House
Mailing Address 11699 Bennington Rd
City: Durand | State: MI | Zip Code: 48429
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 22 2005
Transaction ID: SA11A1.18639
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial)
Jeffrey R House
Mailing Address 11699 Bennington Rd
City: Durand | State: MI | Zip Code: 48429
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 12 29 2005
Transaction ID: SA11A1.18640
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **30.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 182 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. John Huber
Mailing Address 1656 Copley Drive
City: Toledo | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Therapy Operations Analyst
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18657
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Mr. John Huber
Mailing Address 1656 Copley Drive
City: Toledo | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Therapy Operations Analyst
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18658
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Mr. John Huber
Mailing Address 1656 Copley Drive
City: Toledo | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Therapy Operations Analyst
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18659
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 183 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. John Huber
Mailing Address 1856 Copley Drive
City: Toledo | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Therapy Operations Analyst
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18660
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Mr. John Huber
Mailing Address 1856 Copley Drive
City: Toledo | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Therapy Operations Analyst
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 290.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18661
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Mr. John Huber
Mailing Address 1856 Copley Drive
City: Toledo | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Therapy Operations Analyst
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 310.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18662
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 184 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. John Huber
Mailing Address 1856 Copley Drive
City: Toledo | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Therapy Operations Analyst
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 330.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18663
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Mr. John Huber
Mailing Address 1856 Copley Drive
City: Toledo | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Therapy Operations Analyst
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18664
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Mr. John Huber
Mailing Address 1856 Copley Drive
City: Toledo | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Therapy Operations Analyst
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 370.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18665
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 185 / 465
(check only one)
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Rebecca J Hullinger
Mailing Address 1250 Horseshoe Cir #105
City: Ann Arbor | State: MI | Zip Code: 48108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Clinical Prog Implem Consult
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.18679
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
Rebecca J Hullinger
Mailing Address 1250 Horseshoe Cir #105
City: Ann Arbor | State: MI | Zip Code: 48108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Clinical Prog Implem Consult
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.18680
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
Rebecca J Hullinger
Mailing Address 1250 Horseshoe Cir #105
City: Ann Arbor | State: MI | Zip Code: 48108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Clinical Prog Implem Consult
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18681
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 186 / 465
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Rebecca J Hullinger
Mailing Address 1250 Horseshoe Cir #105
City: Ann Arbor | State: MI | Zip Code: 48108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Clinical Prog Implem Consult
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18682
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Rebecca J Hullinger
Mailing Address 1250 Horseshoe Cir #105
City: Ann Arbor | State: MI | Zip Code: 48108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Clinical Prog Implem Consult
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 440.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18683
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Rebecca J Hullinger
Mailing Address 1250 Horseshoe Cir #105
City: Ann Arbor | State: MI | Zip Code: 48108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Clinical Prog Implem Consult
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 480.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18884
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 197 / 465
(check only one)
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Rebecca J Hullinger
Mailing Address 1250 Horseshoe Cir #105
City: Ann Arbor | State: MI | Zip Code: 48108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Clinical Prog Implem Consult
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 520.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18685
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Rebecca J Hullinger
Mailing Address 1250 Horseshoe Cir #105
City: Ann Arbor | State: MI | Zip Code: 48108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Clinical Prog Implem Consult
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 560.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18686
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Rebecca J Hullinger
Mailing Address 1250 Horseshoe Cir #105
City: Ann Arbor | State: MI | Zip Code: 48108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Clinical Prog Implem Consult
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18687
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 188 / 465
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Rebecca J Hullinger
Mailing Address 1250 Horseshoe Cir #105
City: Ann Arbor | State: MI | Zip Code: 48108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Clinical Prog Implem Consult
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 640.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18688
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Rebecca J Hullinger
Mailing Address 1250 Horseshoe Cir #105
City: Ann Arbor | State: MI | Zip Code: 48108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Clinical Prog Implem Consult
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 680.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18689
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Rebecca J Hullinger
Mailing Address 1250 Horseshoe Cir #105
City: Ann Arbor | State: MI | Zip Code: 48108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Clinical Prog Implem Consult
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 720.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18690
Amount of Each Receipt this Period: 40.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 189 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Rebecca J Hullinger
Mailing Address 1250 Horseshoe Cir #105
City: Ann Arbor | State: MI | Zip Code: 48108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Clinical Prog Implem Consult
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 760.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18691
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Shannon M Hunter
Mailing Address 8013 NW 112th Terrace
City: Oklahoma City | State: OK | Zip Code: 73162
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: CSC - Corporate
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18706
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Shannon M Hunter
Mailing Address 8013 NW 112th Terrace
City: Oklahoma City | State: OK | Zip Code: 73162
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: CSC - Corporate
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18707
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 200 / 465
(check only one)
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Shannon M Hunter
Mailing Address 8013 NW 112th Terrace
City: Oklahoma City | State: OK | Zip Code: 73162
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: CSC - Corporate
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18708
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Shannon M Hunter
Mailing Address 8013 NW 112th Terrace
City: Oklahoma City | State: OK | Zip Code: 73162
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: CSC - Corporate
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18709
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Shannon M Hunter
Mailing Address 8013 NW 112th Terrace
City: Oklahoma City | State: OK | Zip Code: 73162
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: CSC - Corporate
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 325.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18710
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 201 / 465
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Shannon M Hunter
Mailing Address 8013 NW 112th Terrace
City: Oklahoma City | State: OK | Zip Code: 73162
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: CSC - Corporate
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18711
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Shannon M Hunter
Mailing Address 8013 NW 112th Terrace
City: Oklahoma City | State: OK | Zip Code: 73162
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: CSC - Corporate
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18712
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Shannon M Hunter
Mailing Address 8013 NW 112th Terrace
City: Oklahoma City | State: OK | Zip Code: 73162
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: CSC - Corporate
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18713
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 202 / 465
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X 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.
Full Name (Last, First, Middle Initial)
Shannon M Hunter
Mailing Address 8013 NW 112th Terrace
City: Oklahoma City | State: OK | Zip Code: 73162
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: CSC - Corporate
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 425.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18714
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Shannon M Hunter
Mailing Address 8013 NW 112th Terrace
City: Oklahoma City | State: OK | Zip Code: 73162
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: CSC - Corporate
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18715
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Shannon M Hunter
Mailing Address 8013 NW 112th Terrace
City: Oklahoma City | State: OK | Zip Code: 73162
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: CSC - Corporate
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 475.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18716
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 203 / 465
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X 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.
Full Name (Last, First, Middle Initial)
Timothy J Irwin
Mailing Address 79 Bradford Place
City: Crete | State: IL | Zip Code: 60417
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18778
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial)
Timothy J Irwin
Mailing Address 79 Bradford Place
City: Crete | State: IL | Zip Code: 60417
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 245.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18779
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial)
Timothy J Irwin
Mailing Address 79 Bradford Place
City: Crete | State: IL | Zip Code: 60417
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18780
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 204 / 465
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Timothy J Irwin
Mailing Address 79 Bradford Place
City: Crete | State: IL | Zip Code: 60417
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 315.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18781
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial)
Timothy J Irwin
Mailing Address 79 Bradford Place
City: Crete | State: IL | Zip Code: 60417
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18782
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial)
Timothy J Irwin
Mailing Address 79 Bradford Place
City: Crete | State: IL | Zip Code: 60417
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 385.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18783
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 205 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Rebecca S Jablon
Mailing Address 3349 Fairbanks Ave
City: TOLEDO | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.16801
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Rebecca S Jablon
Mailing Address 3349 Fairbanks Ave
City: TOLEDO | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.16802
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Rebecca S Jablon
Mailing Address 3349 Fairbanks Ave
City: TOLEDO | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.16803
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 206 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Rebecca S Jablon
Mailing Address 3349 Fairbanks Ave
City: TOLEDO | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18804
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Rebecca S Jablon
Mailing Address 3349 Fairbanks Ave
City: TOLEDO | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18805
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Rebecca S Jablon
Mailing Address 3349 Fairbanks Ave
City: TOLEDO | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18806
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 207 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Rebecca S Jablon
Mailing Address 3349 Fairbanks Ave
City: TOLEDO | State: OH | Zip Code: 43615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 340.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.16807
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Frank A Jennaro
Mailing Address 3466 Country Farms Road
City: Oregon | State: OH | Zip Code: 43616
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Accounts Receivable
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.16823
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Frank A Jennaro
Mailing Address 3466 Country Farms Road
City: Oregon | State: OH | Zip Code: 43616
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Accounts Receivable
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.16824
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 208 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Frank A Jennaro
Mailing Address 3466 Country Farms Road
City: Oregon | State: OH | Zip Code: 43616
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Accounts Receivable
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18825
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Frank A Jennaro
Mailing Address 3466 Country Farms Road
City: Oregon | State: OH | Zip Code: 43616
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Accounts Receivable
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18826
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Frank A Jennaro
Mailing Address 3466 Country Farms Road
City: Oregon | State: OH | Zip Code: 43616
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Accounts Receivable
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 325.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18827
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 209 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Frank A Jennaro
Mailing Address 3466 Country Farms Road
City: Oregon | State: OH | Zip Code: 43616
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Accounts Receivable
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.16826
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Frank A Jennaro
Mailing Address 3466 Country Farms Road
City: Oregon | State: OH | Zip Code: 43616
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Accounts Receivable
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.16829
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Frank A Jennaro
Mailing Address 3466 Country Farms Road
City: Oregon | State: OH | Zip Code: 43616
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Accounts Receivable
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.16830
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 210 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Frank A Jennaro
Mailing Address 3466 Country Farms Road
City: Oregon | State: OH | Zip Code: 43616
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Accounts Receivable
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 425.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.16831
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Frank A Jennaro
Mailing Address 3466 Country Farms Road
City: Oregon | State: OH | Zip Code: 43616
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Accounts Receivable
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.16832
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Frank A Jennaro
Mailing Address 3466 Country Farms Road
City: Oregon | State: OH | Zip Code: 43616
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Accounts Receivable
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 475.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.16833
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 211 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Diane Johnson
Mailing Address 347 Lenape Trail
City: Allentown | State: PA | Zip Code: 18104
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 403.82

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.18885
Amount of Each Receipt this Period: 57.68

B.
Full Name (Last, First, Middle Initial)
Ms Diane Johnson
Mailing Address 347 Lenape Trail
City: Allentown | State: PA | Zip Code: 18104
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 461.50

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.18886
Amount of Each Receipt this Period: 57.68

C.
Full Name (Last, First, Middle Initial)
Ms Diane Johnson
Mailing Address 347 Lenape Trail
City: Allentown | State: PA | Zip Code: 18104
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 519.18

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18887
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **173.04**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 212 / 465
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms Diane Johnson
Mailing Address 347 Lenape Trail
City: Allentown | State: PA | Zip Code: 18104
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 576.86

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18886
Amount of Each Receipt this Period: 57.68

B. Full Name (Last, First, Middle Initial)
Ms Diane Johnson
Mailing Address 347 Lenape Trail
City: Allentown | State: PA | Zip Code: 18104
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 634.54

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18889
Amount of Each Receipt this Period: 57.68

C. Full Name (Last, First, Middle Initial)
Ms Diane Johnson
Mailing Address 347 Lenape Trail
City: Allentown | State: PA | Zip Code: 18104
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 692.22

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18890
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **173.04**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 213 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Diane Johnson
Mailing Address 347 Lenape Trail
City: Allentown | State: PA | Zip Code: 18104
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 749.90

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18891
Amount of Each Receipt this Period: 57.68

B.
Full Name (Last, First, Middle Initial)
Ms Diane Johnson
Mailing Address 347 Lenape Trail
City: Allentown | State: PA | Zip Code: 18104
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 807.58

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18892
Amount of Each Receipt this Period: 57.68

C.
Full Name (Last, First, Middle Initial)
Ms Diane Johnson
Mailing Address 347 Lenape Trail
City: Allentown | State: PA | Zip Code: 18104
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 865.26

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18893
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **173.04**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 214 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Diane Johnson
Mailing Address 347 Lenape Trail
City: Allentown | State: PA | Zip Code: 18104
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 922.94

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18894
Amount of Each Receipt this Period: 57.68

B.
Full Name (Last, First, Middle Initial)
Ms Diane Johnson
Mailing Address 347 Lenape Trail
City: Allentown | State: PA | Zip Code: 18104
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 980.62

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18895
Amount of Each Receipt this Period: 57.68

C.
Full Name (Last, First, Middle Initial)
Ms Diane Johnson
Mailing Address 347 Lenape Trail
City: Allentown | State: PA | Zip Code: 18104
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1038.30

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18896
Amount of Each Receipt this Period: 57.68

SUBTOTAL of Receipts This Page (optional) ▶ **173.04**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 215 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Diane Johnson
Mailing Address 347 Lenape Trail
City: Allentown | State: PA | Zip Code: 18104
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1095.98

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18897
Amount of Each Receipt this Period: 57.68

B.
Full Name (Last, First, Middle Initial)
Dianne E Johnson
Mailing Address 10938 Laflor
City: FOUNTAIN VALLEY | State: CA | Zip Code: 92708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.18919
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial)
Dianne E Johnson
Mailing Address 10938 Laflor
City: FOUNTAIN VALLEY | State: CA | Zip Code: 92708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 12 01 2005
Transaction ID: SA11A1.18920
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **77.68**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 216 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Dianne E Johnson
Mailing Address 10938 Laflor
City: FOUNTAIN VALLEY | State: CA | Zip Code: 92708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.00

Date of Receipt: 12 08 2005
Transaction ID: SA11A1.18921
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial)
Dianne E Johnson
Mailing Address 10938 Laflor
City: FOUNTAIN VALLEY | State: CA | Zip Code: 92708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 12 15 2005
Transaction ID: SA11A1.18922
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial)
Dianne E Johnson
Mailing Address 10938 Laflor
City: FOUNTAIN VALLEY | State: CA | Zip Code: 92708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 22 2005
Transaction ID: SA11A1.18923
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **30.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 217 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Dianne E Johnson
Mailing Address 10938 Laflor
City: FOUNTAIN VALLEY | State: CA | Zip Code: 92708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 12 29 2005
Transaction ID: SA11A1.18924
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial)
Fred R Justice Jr
Mailing Address 40179 Alden
City: Belleville | State: MI | Zip Code: 48111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Mgr^ Plant Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 211.50

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18938
Amount of Each Receipt this Period: 19.22

C.
Full Name (Last, First, Middle Initial)
Fred R Justice Jr
Mailing Address 40179 Alden
City: Belleville | State: MI | Zip Code: 48111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Mgr^ Plant Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.72

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18939
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ **48.44**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 218 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Fred R Justice Jr
Mailing Address 40179 Alden
City: Belleville | State: MI | Zip Code: 48111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Mgr^ Plant Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 249.94

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18940
Amount of Each Receipt this Period: 19.22

B.
Full Name (Last, First, Middle Initial)
Fred R Justice Jr
Mailing Address 40179 Alden
City: Belleville | State: MI | Zip Code: 48111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Mgr^ Plant Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 269.16

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18941
Amount of Each Receipt this Period: 19.22

C.
Full Name (Last, First, Middle Initial)
Fred R Justice Jr
Mailing Address 40179 Alden
City: Belleville | State: MI | Zip Code: 48111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Mgr^ Plant Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 288.38

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18942
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ **57.66**

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 219 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Fred R Justice Jr
Mailing Address 40179 Alden
City: Belleville | State: MI | Zip Code: 48111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Mgr^ Plant Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 307.60

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18943
Amount of Each Receipt this Period: 19.22

B.
Full Name (Last, First, Middle Initial)
Fred R Justice Jr
Mailing Address 40179 Alden
City: Belleville | State: MI | Zip Code: 48111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Mgr^ Plant Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 326.82

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18944
Amount of Each Receipt this Period: 19.22

C.
Full Name (Last, First, Middle Initial)
Fred R Justice Jr
Mailing Address 40179 Alden
City: Belleville | State: MI | Zip Code: 48111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Mgr^ Plant Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.04

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18945
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ 57.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 220 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Fred R Justice Jr
Mailing Address 40179 Alden
City: Belleville | State: MI | Zip Code: 48111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Mgr^ Plant Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 365.26

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18946
Amount of Each Receipt this Period: 19.22

B.
Full Name (Last, First, Middle Initial)
Fred R Justice Jr
Mailing Address 40179 Alden
City: Belleville | State: MI | Zip Code: 48111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Mgr^ Plant Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 384.48

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18947
Amount of Each Receipt this Period: 19.22

C.
Full Name (Last, First, Middle Initial)
Fred R Justice Jr
Mailing Address 40179 Alden
City: Belleville | State: MI | Zip Code: 48111
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Mgr^ Plant Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 403.70

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18948
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ 57.66

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 221 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Matthew Kang
Mailing Address 1938 Ottawa Lane
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst Treasurer^ Dir of Finance
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 269.21
Date of Receipt: 07 13 2005
Transaction ID: SA11A1.18983
Amount of Each Receipt this Period: 38.45

B. Full Name (Last, First, Middle Initial)
Matthew Kang
Mailing Address 1938 Ottawa Lane
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst Treasurer^ Dir of Finance
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 07 27 2005
Transaction ID: SA11A1.18984
Amount of Each Receipt this Period: 38.45

C. Full Name (Last, First, Middle Initial)
Matthew Kang
Mailing Address 1938 Ottawa Lane
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst Treasurer^ Dir of Finance
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.11
Date of Receipt: 08 10 2005
Transaction ID: SA11A1.18985
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 222 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Matthew Kang
Mailing Address 1938 Ottawa Lane
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst Treasurer^ Dir of Finance
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 384.56

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.18986
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Matthew Kang
Mailing Address 1938 Ottawa Lane
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst Treasurer^ Dir of Finance
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 423.01

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.18987
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Matthew Kang
Mailing Address 1938 Ottawa Lane
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst Treasurer^ Dir of Finance
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 461.46

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.18988
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 223 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Matthew Kang
Mailing Address 1938 Ottawa Lane
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst Treasurer^ Dir of Finance
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 499.91

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.18989
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Matthew Kang
Mailing Address 1938 Ottawa Lane
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst Treasurer^ Dir of Finance
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 538.36

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.18990
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Matthew Kang
Mailing Address 1938 Ottawa Lane
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst Treasurer^ Dir of Finance
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 576.81

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.18991
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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 224 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Matthew Kang
Mailing Address 1938 Ottawa Lane
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst Treasurer^ Dir of Finance
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 615.26

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.18992
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Matthew Kang
Mailing Address 1938 Ottawa Lane
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst Treasurer^ Dir of Finance
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 653.71

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.18993
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Matthew Kang
Mailing Address 1938 Ottawa Lane
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst Treasurer^ Dir of Finance
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 692.16

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.18994
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 225 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Matthew Kang
Mailing Address 1938 Ottawa Lane
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst Treasurer^ Dir of Finance
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 730.61

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.18995
Amount of Each Receipt this Period: 38.45

B. Full Name (Last, First, Middle Initial)
Anthony J Keslin
Mailing Address 2208 26th Avenue^ South
City: Fargo | State: ND | Zip Code: 58103
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.19000
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Anthony J Keslin
Mailing Address 2208 26th Avenue^ South
City: Fargo | State: ND | Zip Code: 58103
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.19001
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **88.45**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 226 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Anthony J Keslin
Mailing Address 220B 26th Avenue^ South
City: Fargo | State: ND | Zip Code: 58103
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19002
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Anthony J Keslin
Mailing Address 220B 26th Avenue^ South
City: Fargo | State: ND | Zip Code: 58103
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19003
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Anthony J Keslin
Mailing Address 220B 26th Avenue^ South
City: Fargo | State: ND | Zip Code: 58103
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 325.00
Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19004
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 227 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Anthony J Keslin
Mailing Address 2208 26th Avenue^ South
City: Fargo | State: ND | Zip Code: 58103
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19005
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Anthony J Keslin
Mailing Address 2208 26th Avenue^ South
City: Fargo | State: ND | Zip Code: 58103
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19006
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Anthony J Keslin
Mailing Address 2208 26th Avenue^ South
City: Fargo | State: ND | Zip Code: 58103
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19007
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 228 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Anthony J Keslin
Mailing Address 2208 26th Avenue^ South
City: Fargo | State: ND | Zip Code: 58103
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 425.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19008
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Tonya L King
Mailing Address 2310 Central Avenue
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: MMD - Midstates Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.19061
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Tonya L King
Mailing Address 2310 Central Avenue
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: MMD - Midstates Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.19062
Amount of Each Receipt this Period: 20.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 229 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Tonya L King
Mailing Address 2310 Central Avenue
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: MMD - Midstates Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19063
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Tonya L King
Mailing Address 2310 Central Avenue
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: MMD - Midstates Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19064
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Tonya L King
Mailing Address 2310 Central Avenue
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: MMD - Midstates Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19065
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 230 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Tonya L King
Mailing Address 2310 Central Avenue
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: MMD - Midstates Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 11 03 2005
Transaction ID: SA11A1.19066
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Tonya L King
Mailing Address 2310 Central Avenue
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: MMD - Midstates Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 340.00

Date of Receipt: 11 10 2005
Transaction ID: SA11A1.19067
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Tonya L King
Mailing Address 2310 Central Avenue
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: MMD - Midstates Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 11 17 2005
Transaction ID: SA11A1.19068
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 231 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Tonya L King
Mailing Address 2310 Central Avenue
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: MMD - Midstates Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 380.00

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.19069
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Tonya L King
Mailing Address 2310 Central Avenue
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: MMD - Midstates Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 12 01 2005
Transaction ID: SA11A1.19070
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Tonya L King
Mailing Address 2310 Central Avenue
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: MMD - Midstates Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 420.00

Date of Receipt: 12 08 2005
Transaction ID: SA11A1.19071
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 232 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Tonya L King
Mailing Address 2310 Central Avenue
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: MMD - Midstates Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 440.00

Date of Receipt: 12 15 2005
Transaction ID: SA11A1.19072
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Tonya L King
Mailing Address 2310 Central Avenue
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: MMD - Midstates Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 460.00

Date of Receipt: 12 22 2005
Transaction ID: SA11A1.19073
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Tonya L King
Mailing Address 2310 Central Avenue
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: MMD - Midstates Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 480.00

Date of Receipt: 12 29 2005
Transaction ID: SA11A1.19074
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 233 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Vivian Kiraly
Mailing Address 875 Bexley Drive
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 12 21 2005
Transaction ID: SA11A1.19087
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
Robert S Kirk
Mailing Address 1112 Donner Dr
City: Florence | State: KY | Zip Code: 41042
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.19097
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Robert S Kirk
Mailing Address 1112 Donner Dr
City: Florence | State: KY | Zip Code: 41042
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 07 2005
Transaction ID: SA11A1.19098
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 234 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Robert S Kirk
Mailing Address 1112 Donner Dr
City: Florence | State: KY | Zip Code: 41042
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.00

Date of Receipt: 12 21 2005
Transaction ID: SA11A1.19099
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Allen M Kratky
Mailing Address 8703 North 140th E. Terrace
City: Owasso | State: OK | Zip Code: 74055
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19150
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Lawrence J Kucsma
Mailing Address 371 Valleybrook Dr.
City: Lancaster | State: PA | Zip Code: 17601
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Mobile Admin
Receipt For:
Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.21824
Amount of Each Receipt this Period: -500.00
P/R W/H correction 8/15/05

SUBTOTAL of Receipts This Page (optional) ▶ **-455.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 235 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Larry Kuester
Mailing Address 4951 White Post Rd
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Area Human Resources Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19160
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Larry Kuester
Mailing Address 4951 White Post Rd
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Area Human Resources Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19161
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Larry Kuester
Mailing Address 4951 White Post Rd
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Area Human Resources Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19162
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 236 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Larry Kuester
Mailing Address 4951 White Post Rd
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Area Human Resources Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19163
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Larry Kuester
Mailing Address 4951 White Post Rd
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Area Human Resources Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19164
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Larry Kuester
Mailing Address 4951 White Post Rd
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Area Human Resources Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19165
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 237 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Larry Kuester
Mailing Address 4951 White Post Rd
City: Bettendorf | State: IA | Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Area Human Resources Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 340.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19166
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Ms Dorothy Kuhl
Mailing Address 577 Harrison
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Controller, HMIS
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 211.50

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.19169
Amount of Each Receipt this Period: 19.22

C.
Full Name (Last, First, Middle Initial)
Ms Dorothy Kuhl
Mailing Address 577 Harrison
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Controller, HMIS
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.72

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.19170
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ **58.44**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 238 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Dorothy Kuhl
Mailing Address 577 Harrison
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Controller, HMIS
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 249.94

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.19171
Amount of Each Receipt this Period: 19.22

B.
Full Name (Last, First, Middle Initial)
Ms Dorothy Kuhl
Mailing Address 577 Harrison
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Controller, HMIS
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 269.16

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.19172
Amount of Each Receipt this Period: 19.22

C.
Full Name (Last, First, Middle Initial)
Ms Dorothy Kuhl
Mailing Address 577 Harrison
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Controller, HMIS
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 288.38

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19173
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ 57.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 239 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Dorothy Kuhl
Mailing Address 577 Harrison
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Controller, HMIS
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 307.60

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19174
Amount of Each Receipt this Period: 19.22

B.
Full Name (Last, First, Middle Initial)
Ms Dorothy Kuhl
Mailing Address 577 Harrison
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Controller, HMIS
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 326.82

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19175
Amount of Each Receipt this Period: 19.22

C.
Full Name (Last, First, Middle Initial)
Ms Dorothy Kuhl
Mailing Address 577 Harrison
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Controller, HMIS
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.04

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19176
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ 57.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 240 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Dorothy Kuhl
Mailing Address 577 Harrison
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Controller, HMIS
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 365.26

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19177
Amount of Each Receipt this Period: 19.22

B.
Full Name (Last, First, Middle Initial)
Ms Dorothy Kuhl
Mailing Address 577 Harrison
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Controller, HMIS
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 384.48

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19178
Amount of Each Receipt this Period: 19.22

C.
Full Name (Last, First, Middle Initial)
Ms Dorothy Kuhl
Mailing Address 577 Harrison
City: Perrysburg | State: OH | Zip Code: 43551
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Controller, HMIS
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 403.70

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19179
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ 57.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 241 / 465
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. David Lenning
Mailing Address 806 Copley Lane
City: Silver Spring | State: MD | Zip Code: 20904
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19220
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Mr. David Lenning
Mailing Address 806 Copley Lane
City: Silver Spring | State: MD | Zip Code: 20904
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19221
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Mr. David Lenning
Mailing Address 806 Copley Lane
City: Silver Spring | State: MD | Zip Code: 20904
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19222
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 242 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. David Lenning
Mailing Address 808 Copley Lane
City: Silver Spring | State: MD | Zip Code: 20904
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19223
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Mr. David Lenning
Mailing Address 808 Copley Lane
City: Silver Spring | State: MD | Zip Code: 20904
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19224
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Mr. David Lenning
Mailing Address 808 Copley Lane
City: Silver Spring | State: MD | Zip Code: 20904
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19225
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 243 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. David Lanning
Mailing Address 808 Copley Lane
City: Silver Spring | State: MD | Zip Code: 20904
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Development
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19226
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Barry A Lazarus
Mailing Address 2829 Liverpool Ct
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Reimbursement
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.19257
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Barry A Lazarus
Mailing Address 2829 Liverpool Ct
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Reimbursement
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.19258
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 244 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Barry A Lazarus
Mailing Address 2829 Liverpool Ct
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Reimbursement
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 08 10 2005
Transaction ID: SA11A1.19259
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Barry A Lazarus
Mailing Address 2829 Liverpool Ct
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Reimbursement
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 24 2005
Transaction ID: SA11A1.19260
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Barry A Lazarus
Mailing Address 2829 Liverpool Ct
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Reimbursement
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 09 07 2005
Transaction ID: SA11A1.19261
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 245 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Barry A Lazarus
Mailing Address 2829 Liverpool Ct
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Reimbursement
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.19262
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Barry A Lazarus
Mailing Address 2829 Liverpool Ct
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Reimbursement
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 650.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19263
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Barry A Lazarus
Mailing Address 2829 Liverpool Ct
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Reimbursement
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19264
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 246 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Barry A Lazarus
Mailing Address 2829 Liverpool Ct
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Reimbursement
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19265
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Barry A Lazarus
Mailing Address 2829 Liverpool Ct
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Reimbursement
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19266
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Barry A Lazarus
Mailing Address 2829 Liverpool Ct
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Reimbursement
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 850.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19267
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 247 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Barry A Lazarus
Mailing Address 2829 Liverpool Ct
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Reimbursement
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19268
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Barry A Lazarus
Mailing Address 2829 Liverpool Ct
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Reimbursement
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 850.00
Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19269
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Larry C Lester
Mailing Address 13507 Westbrook
City: Plymouth | State: MI | Zip Code: 48170
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Mgr^ VP Marketing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 281.00
Date of Receipt: 07 13 2005
Transaction ID: SA11A1.19336
Amount of Each Receipt this Period: 77.00

SUBTOTAL of Receipts This Page (optional) ▶ **177.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 248 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Larry C Lester
Mailing Address 13507 Westbrook
City: Plymouth | State: MI | Zip Code: 48170
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Mgr^ VP Marketing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 358.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.19337
Amount of Each Receipt this Period: 77.00

B.
Full Name (Last, First, Middle Initial)
Larry C Lester
Mailing Address 13507 Westbrook
City: Plymouth | State: MI | Zip Code: 48170
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Mgr^ VP Marketing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 435.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.19338
Amount of Each Receipt this Period: 77.00

C.
Full Name (Last, First, Middle Initial)
Larry C Lester
Mailing Address 13507 Westbrook
City: Plymouth | State: MI | Zip Code: 48170
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Mgr^ VP Marketing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 512.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.19339
Amount of Each Receipt this Period: 77.00

SUBTOTAL of Receipts This Page (optional) ▶ **231.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 249 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Larry C Lester
Mailing Address 13507 Westbrook
City: Plymouth | State: MI | Zip Code: 48170
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Mgr^ VP Marketing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 589.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.19340
Amount of Each Receipt this Period: 77.00

B.
Full Name (Last, First, Middle Initial)
Larry C Lester
Mailing Address 13507 Westbrook
City: Plymouth | State: MI | Zip Code: 48170
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Mgr^ VP Marketing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 666.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.19341
Amount of Each Receipt this Period: 77.00

C.
Full Name (Last, First, Middle Initial)
Larry C Lester
Mailing Address 13507 Westbrook
City: Plymouth | State: MI | Zip Code: 48170
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Mgr^ VP Marketing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 743.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19342
Amount of Each Receipt this Period: 77.00

SUBTOTAL of Receipts This Page (optional) ▶ **231.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 250 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Larry C Lester
Mailing Address 13507 Westbrook
City: Plymouth | State: MI | Zip Code: 48170
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Mgr^ VP Marketing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 820.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19343
Amount of Each Receipt this Period: 77.00

B. Full Name (Last, First, Middle Initial)
Larry C Lester
Mailing Address 13507 Westbrook
City: Plymouth | State: MI | Zip Code: 48170
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Mgr^ VP Marketing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 897.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19344
Amount of Each Receipt this Period: 77.00

C. Full Name (Last, First, Middle Initial)
Larry C Lester
Mailing Address 13507 Westbrook
City: Plymouth | State: MI | Zip Code: 48170
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Mgr^ VP Marketing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 974.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19345
Amount of Each Receipt this Period: 77.00

SUBTOTAL of Receipts This Page (optional) ▶ **231.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 251 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Larry C Lester
Mailing Address 13507 Westbrook
City: Plymouth | State: MI | Zip Code: 48170
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Mgr^ VP Marketing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1051.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19346
Amount of Each Receipt this Period: 77.00

B. Full Name (Last, First, Middle Initial)
Larry C Lester
Mailing Address 13507 Westbrook
City: Plymouth | State: MI | Zip Code: 48170
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Mgr^ VP Marketing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1128.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19347
Amount of Each Receipt this Period: 77.00

C. Full Name (Last, First, Middle Initial)
Larry C Lester
Mailing Address 13507 Westbrook
City: Plymouth | State: MI | Zip Code: 48170
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: General Mgr^ VP Marketing
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1205.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19348
Amount of Each Receipt this Period: 77.00

SUBTOTAL of Receipts This Page (optional) ▶ **231.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 252 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Andrea Linton-Davis
Mailing Address 308 NW 42 Terrace
City: Plantation | State: FL | Zip Code: 33317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 205.80

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19360
Amount of Each Receipt this Period: 13.72

B. Full Name (Last, First, Middle Initial)
Andrea Linton-Davis
Mailing Address 308 NW 42 Terrace
City: Plantation | State: FL | Zip Code: 33317
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 219.52

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19361
Amount of Each Receipt this Period: 13.72

C. Full Name (Last, First, Middle Initial)
Ms Elizabeth Loyet
Mailing Address 20115 183rd Place Northeast
City: Woodinville | State: WA | Zip Code: 98072
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 205.00

Date of Receipt: 09 28 2005
Transaction ID: SA11A1.19391
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **52.44**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 253 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Elizabeth Loyet
Mailing Address 20115 183rd Place Northeast
City: Woodinville | State: WA | Zip Code: 98072
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.00

Date of Receipt: 10 12 2005
Transaction ID: SA11A1.19392
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Ms Elizabeth Loyet
Mailing Address 20115 183rd Place Northeast
City: Woodinville | State: WA | Zip Code: 98072
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 255.00

Date of Receipt: 10 26 2005
Transaction ID: SA11A1.19393
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Ms Elizabeth Loyet
Mailing Address 20115 183rd Place Northeast
City: Woodinville | State: WA | Zip Code: 98072
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.19394
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 254 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Elizabeth Loyet
Mailing Address 20115 183rd Place Northeast
City: Woodinville | State: WA | Zip Code: 98072
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 305.00

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.19395
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Ms Elizabeth Loyet
Mailing Address 20115 183rd Place Northeast
City: Woodinville | State: WA | Zip Code: 98072
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 330.00

Date of Receipt: 12 07 2005
Transaction ID: SA11A1.19396
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Ms Elizabeth Loyet
Mailing Address 20115 183rd Place Northeast
City: Woodinville | State: WA | Zip Code: 98072
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 355.00

Date of Receipt: 12 21 2005
Transaction ID: SA11A1.19397
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 255 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Carrie Lund
Mailing Address 14802 Dunston Place
City: Tampa | State: FL | Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Sr. Administrator - Palm Harbor
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 261.17

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.19422
Amount of Each Receipt this Period: 37.31

B.
Full Name (Last, First, Middle Initial)
Carrie Lund
Mailing Address 14802 Dunston Place
City: Tampa | State: FL | Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Sr. Administrator - Palm Harbor
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 298.48

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.19423
Amount of Each Receipt this Period: 37.31

C.
Full Name (Last, First, Middle Initial)
Carrie Lund
Mailing Address 14802 Dunston Place
City: Tampa | State: FL | Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Sr. Administrator - Palm Harbor
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 335.79

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.19424
Amount of Each Receipt this Period: 37.31

SUBTOTAL of Receipts This Page (optional) ▶ **111.93**

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 256 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Carrie Lund
Mailing Address 14802 Dunston Place
City: Tampa | State: FL | Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Sr. Administrator - Palm Harbor
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 373.10

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.19425
Amount of Each Receipt this Period: 37.31

B.
Full Name (Last, First, Middle Initial)
Carrie Lund
Mailing Address 14802 Dunston Place
City: Tampa | State: FL | Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Sr. Administrator - Palm Harbor
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 410.41

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.19426
Amount of Each Receipt this Period: 37.31

C.
Full Name (Last, First, Middle Initial)
Carrie Lund
Mailing Address 14802 Dunston Place
City: Tampa | State: FL | Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Sr. Administrator - Palm Harbor
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 447.72

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.19427
Amount of Each Receipt this Period: 37.31

SUBTOTAL of Receipts This Page (optional) ▶ **111.93**

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 257 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Carrie Lund
Mailing Address 14802 Dunston Place
City: Tampa | State: FL | Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Sr. Administrator - Palm Harbor
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 485.03

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19428
Amount of Each Receipt this Period: 37.31

B.
Full Name (Last, First, Middle Initial)
Carrie Lund
Mailing Address 14802 Dunston Place
City: Tampa | State: FL | Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Sr. Administrator - Palm Harbor
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 522.34

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19429
Amount of Each Receipt this Period: 37.31

C.
Full Name (Last, First, Middle Initial)
Carrie Lund
Mailing Address 14802 Dunston Place
City: Tampa | State: FL | Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Sr. Administrator - Palm Harbor
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 559.65

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19430
Amount of Each Receipt this Period: 37.31

SUBTOTAL of Receipts This Page (optional) ▶ **111.93**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 258 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Carrie Lund
Mailing Address 14802 Dunston Place
City: Tampa | State: FL | Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Sr. Administrator - Palm Harbor
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 596.96

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19431
Amount of Each Receipt this Period: 37.31

B.
Full Name (Last, First, Middle Initial)
Carrie Lund
Mailing Address 14802 Dunston Place
City: Tampa | State: FL | Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Sr. Administrator - Palm Harbor
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 634.27

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19432
Amount of Each Receipt this Period: 37.31

C.
Full Name (Last, First, Middle Initial)
Carrie Lund
Mailing Address 14802 Dunston Place
City: Tampa | State: FL | Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Sr. Administrator - Palm Harbor
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 671.58

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19433
Amount of Each Receipt this Period: 37.31

SUBTOTAL of Receipts This Page (optional) ▶ **111.93**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 259 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Carrie Lund
Mailing Address 14802 Dunston Place
City: Tampa | State: FL | Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Sr. Administrator - Palm Harbor
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 708.89
Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19434
Amount of Each Receipt this Period: 37.31

B. Full Name (Last, First, Middle Initial)
Jacqueline M Macenas
Mailing Address 1074 Amber Ct
City: West Chicago | State: IL | Zip Code: 60185
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Marketing Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19446
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael Martinez
Mailing Address 10300 Golf Course Rd NW #B16
City: Alb | State: NM | Zip Code: 87114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDD - Mid States
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 07 27 2005
Transaction ID: SA11A1.19492
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **97.31**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 260 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Mr. Michael Martinez
Mailing Address 10300 Golf Course Rd NW #B16
City: Alb | State: NM | Zip Code: 87114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDO - Mid States
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.19493
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Mr. Michael Martinez
Mailing Address 10300 Golf Course Rd NW #B16
City: Alb | State: NM | Zip Code: 87114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDO - Mid States
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.19494
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Mr. Michael Martinez
Mailing Address 10300 Golf Course Rd NW #B16
City: Alb | State: NM | Zip Code: 87114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDO - Mid States
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.19495
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 261 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Michael Martinez
Mailing Address 10300 Golf Course Rd NW #B16
City: Alb | State: NM | Zip Code: 87114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDO - Mid States
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.19496
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Mr. Michael Martinez
Mailing Address 10300 Golf Course Rd NW #B16
City: Alb | State: NM | Zip Code: 87114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDO - Mid States
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 440.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19497
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Mr. Michael Martinez
Mailing Address 10300 Golf Course Rd NW #B16
City: Alb | State: NM | Zip Code: 87114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDO - Mid States
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 480.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19498
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 262 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael Martinez
Mailing Address 10300 Golf Course Rd NW #B16
City: Alb | State: NM | Zip Code: 87114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDO - Mid States
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 520.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19499
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael Martinez
Mailing Address 10300 Golf Course Rd NW #B16
City: Alb | State: NM | Zip Code: 87114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDO - Mid States
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 560.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19500
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael Martinez
Mailing Address 10300 Golf Course Rd NW #B16
City: Alb | State: NM | Zip Code: 87114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDO - Mid States
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19501
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 263 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael Martinez
Mailing Address 10300 Golf Course Rd NW #B16
City: Alb | State: NM | Zip Code: 87114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDO - Mid States
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 640.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19502
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael Martinez
Mailing Address 10300 Golf Course Rd NW #B16
City: Alb | State: NM | Zip Code: 87114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDO - Mid States
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 680.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19503
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
Nancy F Mason
Mailing Address 58 Holden Dr
City: Martinsburg | State: WV | Zip Code: 25401
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 212.50

Date of Receipt: 12 07 2005
Transaction ID: SA11A1.19528
Amount of Each Receipt this Period: 12.50

SUBTOTAL of Receipts This Page (optional) ▶ **92.50**

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: PAGE 264 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Nancy F Mason
Mailing Address 56 Holden Dr
City: Martinsburg | State: WV | Zip Code: 25401
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 12 21 2005
Transaction ID: SA11A1.19529
Amount of Each Receipt this Period: 12.50

B. Full Name (Last, First, Middle Initial)
James P Massey
Mailing Address 404 Mill Farm Trail
City: Berkeley | State: WV | Zip Code: 25411
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 209.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.19535
Amount of Each Receipt this Period: 19.00

C. Full Name (Last, First, Middle Initial)
James P Massey
Mailing Address 404 Mill Farm Trail
City: Berkeley | State: WV | Zip Code: 25411
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 228.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19536
Amount of Each Receipt this Period: 19.00

SUBTOTAL of Receipts This Page (optional) ▶ 50.50

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: PAGE 265 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
James P Massey
Mailing Address 404 Mill Farm Trail
City: Berkeley | State: WV | Zip Code: 25411
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 247.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19537
Amount of Each Receipt this Period: 19.00

B. Full Name (Last, First, Middle Initial)
James P Massey
Mailing Address 404 Mill Farm Trail
City: Berkeley | State: WV | Zip Code: 25411
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 266.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19538
Amount of Each Receipt this Period: 19.00

C. Full Name (Last, First, Middle Initial)
Frances Mastal
Mailing Address 1807 Derian Drive
City: Aberdeen | State: SD | Zip Code: 57401
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 207.60

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19563
Amount of Each Receipt this Period: 11.53

SUBTOTAL of Receipts This Page (optional) ▶ **49.53**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 266 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Frances Mastel
Mailing Address 1807 Derian Drive
City: Aberdeen | State: SD | Zip Code: 57401
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 219.13
Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19564
Amount of Each Receipt this Period: 11.53

B. Full Name (Last, First, Middle Initial)
Jill Metelen
Mailing Address 700 Golden Drive
City: Blandon | State: PA | Zip Code: 19510
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Administrator - Sinking Spring
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19572
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Jill Metelen
Mailing Address 700 Golden Drive
City: Blandon | State: PA | Zip Code: 19510
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Administrator - Sinking Spring
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19573
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **51.53**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 267 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Jill Metelan
Mailing Address 700 Golden Drive
City: Blandon | State: PA | Zip Code: 19510
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Administrator - Sinking Spring
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19574
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Jill Metelan
Mailing Address 700 Golden Drive
City: Blandon | State: PA | Zip Code: 19510
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Administrator - Sinking Spring
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19575
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Jill Metelan
Mailing Address 700 Golden Drive
City: Blandon | State: PA | Zip Code: 19510
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Administrator - Sinking Spring
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19576
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 268 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jill Matelan
Mailing Address 700 Golden Drive
City: Blandon | State: PA | Zip Code: 19510
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Administrator - Sinking Spring
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19577
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Michelle Meer
Mailing Address 1457 SE Ladner Street
City: Port St. Lucie | State: FL | Zip Code: 34983
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 201.95

Date of Receipt: 07 20 2005
Transaction ID: SA11A1.19618
Amount of Each Receipt this Period: 28.85

C.
Full Name (Last, First, Middle Initial)
Michelle Meer
Mailing Address 1457 SE Ladner Street
City: Port St. Lucie | State: FL | Zip Code: 34983
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.80

Date of Receipt: 08 03 2005
Transaction ID: SA11A1.19619
Amount of Each Receipt this Period: 28.85

SUBTOTAL of Receipts This Page (optional) ▶ **77.70**

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 269 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Michelle Meer
Mailing Address 1457 SE Ladner Street
City: Port St. Lucie | State: FL | Zip Code: 34983
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 259.65

Date of Receipt: 08 17 2005
Transaction ID: SA11A1.19620
Amount of Each Receipt this Period: 28.85

B.
Full Name (Last, First, Middle Initial)
Michelle Meer
Mailing Address 1457 SE Ladner Street
City: Port St. Lucie | State: FL | Zip Code: 34983
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 288.50

Date of Receipt: 08 31 2005
Transaction ID: SA11A1.19621
Amount of Each Receipt this Period: 28.85

C.
Full Name (Last, First, Middle Initial)
Michelle Meer
Mailing Address 1457 SE Ladner Street
City: Port St. Lucie | State: FL | Zip Code: 34983
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 317.35

Date of Receipt: 09 14 2005
Transaction ID: SA11A1.19622
Amount of Each Receipt this Period: 28.85

SUBTOTAL of Receipts This Page (optional) ▶ 86.55

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 270 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Michelle Meer
Mailing Address 1457 SE Ladner Street
City: Port St. Lucie | State: FL | Zip Code: 34983
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.20

Date of Receipt: 09 28 2005
Transaction ID: SA11A1.19623
Amount of Each Receipt this Period: 28.85

B.
Full Name (Last, First, Middle Initial)
Michelle Meer
Mailing Address 1457 SE Ladner Street
City: Port St. Lucie | State: FL | Zip Code: 34983
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 375.05

Date of Receipt: 10 12 2005
Transaction ID: SA11A1.19624
Amount of Each Receipt this Period: 28.85

C.
Full Name (Last, First, Middle Initial)
Michelle Meer
Mailing Address 1457 SE Ladner Street
City: Port St. Lucie | State: FL | Zip Code: 34983
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 403.90

Date of Receipt: 10 26 2005
Transaction ID: SA11A1.19625
Amount of Each Receipt this Period: 28.85

SUBTOTAL of Receipts This Page (optional) ▶ **86.55**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 271 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Michelle Meer
Mailing Address 1457 SE Ladner Street
City: Port St. Lucie | State: FL | Zip Code: 34983
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 432.75

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.19626
Amount of Each Receipt this Period: 28.85

B.
Full Name (Last, First, Middle Initial)
Michelle Meer
Mailing Address 1457 SE Ladner Street
City: Port St. Lucie | State: FL | Zip Code: 34983
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 461.60

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.19627
Amount of Each Receipt this Period: 28.85

C.
Full Name (Last, First, Middle Initial)
Michelle Meer
Mailing Address 1457 SE Ladner Street
City: Port St. Lucie | State: FL | Zip Code: 34983
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 490.45

Date of Receipt: 12 07 2005
Transaction ID: SA11A1.19628
Amount of Each Receipt this Period: 28.85

SUBTOTAL of Receipts This Page (optional) ▶ **86.55**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 272 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Michelle Meer
Mailing Address 1457 SE Ladner Street
City: Port St. Lucie | State: FL | Zip Code: 34983
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 519.30

Date of Receipt: 12 21 2005
Transaction ID: SA11A1.19629
Amount of Each Receipt this Period: 28.85

B. Full Name (Last, First, Middle Initial)
Kirsten Mantzell
Mailing Address 421 Ben Oaks Drive West
City: Severna Park | State: MD | Zip Code: 21146
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Rehab Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 208.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19639
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Kirsten Mantzell
Mailing Address 421 Ben Oaks Drive West
City: Severna Park | State: MD | Zip Code: 21146
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Rehab Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 228.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19640
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 68.85

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 273 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Kirsten Mentzell
Mailing Address 421 Ben Oaks Drive West
City: Severna Park | State: MD | Zip Code: 21146
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Rehab Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 248.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19641
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Kirsten Mentzell
Mailing Address 421 Ben Oaks Drive West
City: Severna Park | State: MD | Zip Code: 21146
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Regional Rehab Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 268.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19642
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Murry J Mercier
Mailing Address 7110 Oak Bluff Lane
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Dir of Information Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.19646
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **140.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 274 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Murry J Mercier
Mailing Address 711D Oak Bluff Lane
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Dir of Information Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.19647
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Murry J Mercier
Mailing Address 711D Oak Bluff Lane
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Dir of Information Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19648
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial)
Murry J Mercier
Mailing Address 711D Oak Bluff Lane
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Dir of Information Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19649
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 275 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Murry J Mercier
Mailing Address 711D Oak Bluff Lane
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Dir of Information Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19650
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Murry J Mercier
Mailing Address 711D Oak Bluff Lane
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Dir of Information Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19651
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial)
Murry J Mercier
Mailing Address 711D Oak Bluff Lane
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Dir of Information Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 900.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19652
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 276 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Murry J Mercier
Mailing Address 711D Oak Bluff Lane
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Dir of Information Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19653
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Murry J Mercier
Mailing Address 711D Oak Bluff Lane
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Dir of Information Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1100.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19654
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial)
Stacy H Mesaros
Mailing Address 1304 234th Pl
City: Des Moines | State: WA | Zip Code: 98198
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 09 28 2005
Transaction ID: SA11A1.19861
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **215.00**

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 277 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Stacy H Mesaros
Mailing Address 1304 234th Pl
City: Des Moines | State: WA | Zip Code: 98198
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 10 12 2005
Transaction ID: SA11A1.19662
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
Stacy H Mesaros
Mailing Address 1304 234th Pl
City: Des Moines | State: WA | Zip Code: 98198
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 10 26 2005
Transaction ID: SA11A1.19663
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial)
Stacy H Mesaros
Mailing Address 1304 234th Pl
City: Des Moines | State: WA | Zip Code: 98198
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 255.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.19664
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 278 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Stacy H Mesaros
Mailing Address 1304 234th Pl
City: Des Moines | State: WA | Zip Code: 98198
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00
Date of Receipt: 11 23 2005
Transaction ID: SA11A1.19665
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
Stacy H Mesaros
Mailing Address 1304 234th Pl
City: Des Moines | State: WA | Zip Code: 98198
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 285.00
Date of Receipt: 12 07 2005
Transaction ID: SA11A1.19666
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial)
Stacy H Mesaros
Mailing Address 1304 234th Pl
City: Des Moines | State: WA | Zip Code: 98198
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 21 2005
Transaction ID: SA11A1.19667
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 279 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Ms Sylvia Messina
Mailing Address 103 Aspen Avenue
City: Sinking Spring | State: PA | Zip Code: 19608
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 201.95

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19674
Amount of Each Receipt this Period: 28.85

B.
Full Name (Last, First, Middle Initial)
Ms Sylvia Messina
Mailing Address 103 Aspen Avenue
City: Sinking Spring | State: PA | Zip Code: 19608
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.80

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19675
Amount of Each Receipt this Period: 28.85

C.
Full Name (Last, First, Middle Initial)
Ms Sylvia Messina
Mailing Address 103 Aspen Avenue
City: Sinking Spring | State: PA | Zip Code: 19608
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 259.65

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19676
Amount of Each Receipt this Period: 28.85

SUBTOTAL of Receipts This Page (optional) ▶ **86.55**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 280 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Ms Sylvia Messina
Mailing Address 103 Aspen Avenue
City: Sinking Spring | State: PA | Zip Code: 19608
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 288.50

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19677
Amount of Each Receipt this Period: 28.85

B. Full Name (Last, First, Middle Initial)
Ms Sylvia Messina
Mailing Address 103 Aspen Avenue
City: Sinking Spring | State: PA | Zip Code: 19608
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 317.35

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19678
Amount of Each Receipt this Period: 28.85

C. Full Name (Last, First, Middle Initial)
Michelle M Meyer
Mailing Address 28 W. Linwood Rd.
City: Linwood | State: MI | Zip Code: 48634
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19689
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **72.70**

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 281 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Michelle M Meyer
Mailing Address 28 W. Linwood Rd.
City: Linwood | State: MI | Zip Code: 48634
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19690
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
Ms Ellen Mielock
Mailing Address 1006 Barkwood Court
City: Safety Harbor | State: FL | Zip Code: 34695
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Division Human Resources Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19703
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial)
Brian K Mikolajczyk
Mailing Address 1793 Bucklew
City: Toledo | State: OH | Zip Code: 43613
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Internal Training Specialist
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 211.42

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19715
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ **44.22**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 282 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Debra I Miles
Mailing Address 2926 Byrnwyck Rd
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director^ Accounting
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19723
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
Debra I Miles
Mailing Address 2926 Byrnwyck Rd
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director^ Accounting
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19724
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial)
Debra I Miles
Mailing Address 2926 Byrnwyck Rd
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director^ Accounting
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19725
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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 283 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Debra I Miles
Mailing Address 2926 Byrnwyck Rd
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director^ Accounting
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 255.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19726
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
Debra I Miles
Mailing Address 2926 Byrnwyck Rd
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director^ Accounting
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19727
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial)
Debra I Miles
Mailing Address 2926 Byrnwyck Rd
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director^ Accounting
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 285.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19728
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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 284 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jennifer L Miller
Mailing Address 29 W.161 Pomeroy
City: West Chicago | State: IL | Zip Code: 60185
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 08 17 2005
Transaction ID: SA11A1.19745
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Jennifer L Miller
Mailing Address 29 W.161 Pomeroy
City: West Chicago | State: IL | Zip Code: 60185
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 31 2005
Transaction ID: SA11A1.19746
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Jennifer L Miller
Mailing Address 29 W.161 Pomeroy
City: West Chicago | State: IL | Zip Code: 60185
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.00

Date of Receipt: 09 14 2005
Transaction ID: SA11A1.19747
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 285 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jennifer L Miller
Mailing Address 29 W.161 Pomeroy
City: West Chicago | State: IL | Zip Code: 60185
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 28 2005
Transaction ID: SA11A1.19748
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Jennifer L Miller
Mailing Address 29 W.161 Pomeroy
City: West Chicago | State: IL | Zip Code: 60185
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 325.00

Date of Receipt: 10 12 2005
Transaction ID: SA11A1.19749
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Jennifer L Miller
Mailing Address 29 W.161 Pomeroy
City: West Chicago | State: IL | Zip Code: 60185
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 10 26 2005
Transaction ID: SA11A1.19750
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 286 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jennifer L Miller
Mailing Address 29 W.161 Pomeroy
City: West Chicago | State: IL | Zip Code: 60185
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.19751
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Jennifer L Miller
Mailing Address 29 W.161 Pomeroy
City: West Chicago | State: IL | Zip Code: 60185
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.19752
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Jennifer L Miller
Mailing Address 29 W.161 Pomeroy
City: West Chicago | State: IL | Zip Code: 60185
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 425.00

Date of Receipt: 12 07 2005
Transaction ID: SA11A1.19753
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 287 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jennifer L Miller
Mailing Address 29 W.161 Pomeroy
City: West Chicago | State: IL | Zip Code: 60185
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 12 21 2005
Transaction ID: SA11A1.19754
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Ms Susan Morey
Mailing Address 700 Hunters Road
City: Mohnton | State: PA | Zip Code: 19540
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.19860
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Ms Susan Morey
Mailing Address 700 Hunters Road
City: Mohnton | State: PA | Zip Code: 19540
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.19861
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **125.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 288 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms Susan Morey
Mailing Address 700 Hunters Road
City: Mohnton | State: PA | Zip Code: 19540
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.19862
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Ms Susan Morey
Mailing Address 700 Hunters Road
City: Mohnton | State: PA | Zip Code: 19540
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.19863
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Ms Susan Morey
Mailing Address 700 Hunters Road
City: Mohnton | State: PA | Zip Code: 19540
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.19864
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 289 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Susan Morey
Mailing Address 700 Hunters Road
City: Mohnton | State: PA | Zip Code: 19540
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.19865
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Ms Susan Morey
Mailing Address 700 Hunters Road
City: Mohnton | State: PA | Zip Code: 19540
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19866
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Ms Susan Morey
Mailing Address 700 Hunters Road
City: Mohnton | State: PA | Zip Code: 19540
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19867
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 280 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Susan Morey
Mailing Address 700 Hunters Road
City: Mohnton | State: PA | Zip Code: 19540
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 650.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19868
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Ms Susan Morey
Mailing Address 700 Hunters Road
City: Mohnton | State: PA | Zip Code: 19540
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19869
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Ms Susan Morey
Mailing Address 700 Hunters Road
City: Mohnton | State: PA | Zip Code: 19540
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19870
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 291 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Susan Morey
Mailing Address 700 Hunters Road
City: Mohnton | State: PA | Zip Code: 19540
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19871
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Ms Susan Morey
Mailing Address 700 Hunters Road
City: Mohnton | State: PA | Zip Code: 19540
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 850.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19872
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Ms Joylin Nation
Mailing Address 15985 Voyageurs Place
City: West Palm Beach | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Senior Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 221.95

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.19920
Amount of Each Receipt this Period: 28.85

SUBTOTAL of Receipts This Page (optional) ▶ **128.85**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 282 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms Joylin Nation
Mailing Address 15985 Voyageurs Place
City: West Palm Beach | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Senior Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.80

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.19921
Amount of Each Receipt this Period: 28.85

B. Full Name (Last, First, Middle Initial)
Ms Joylin Nation
Mailing Address 15985 Voyageurs Place
City: West Palm Beach | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Senior Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 279.65

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.19922
Amount of Each Receipt this Period: 28.85

C. Full Name (Last, First, Middle Initial)
Ms Joylin Nation
Mailing Address 15985 Voyageurs Place
City: West Palm Beach | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Senior Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 308.50

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.19923
Amount of Each Receipt this Period: 28.85

SUBTOTAL of Receipts This Page (optional) ▶ **86.55**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 283 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Ms Joylin Nation
Mailing Address 15985 Voyageurs Place
City: West Palm Beach | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Senior Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 337.35

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.19924
Amount of Each Receipt this Period: 28.85

B.
Full Name (Last, First, Middle Initial)
Ms Joylin Nation
Mailing Address 15985 Voyageurs Place
City: West Palm Beach | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Senior Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 366.20

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.19925
Amount of Each Receipt this Period: 28.85

C.
Full Name (Last, First, Middle Initial)
Ms Joylin Nation
Mailing Address 15985 Voyageurs Place
City: West Palm Beach | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Senior Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 395.05

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19926
Amount of Each Receipt this Period: 28.85

SUBTOTAL of Receipts This Page (optional) ▶ 86.55

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 284 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Ms Joylin Nation
Mailing Address 15985 Voyageurs Place
City: West Palm Beach | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Senior Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 423.90

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19927
Amount of Each Receipt this Period: 28.85

B.
Full Name (Last, First, Middle Initial)
Ms Joylin Nation
Mailing Address 15985 Voyageurs Place
City: West Palm Beach | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Senior Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 452.75

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19928
Amount of Each Receipt this Period: 28.85

C.
Full Name (Last, First, Middle Initial)
Ms Joylin Nation
Mailing Address 15985 Voyageurs Place
City: West Palm Beach | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Senior Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 481.60

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19929
Amount of Each Receipt this Period: 28.85

SUBTOTAL of Receipts This Page (optional) ▶ 86.55

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 285 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Ms Joylin Nation
Mailing Address 15985 Voyageurs Place
City: West Palm Beach | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Senior Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 510.45

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19930
Amount of Each Receipt this Period: 28.85

B.
Full Name (Last, First, Middle Initial)
Ms Joylin Nation
Mailing Address 15985 Voyageurs Place
City: West Palm Beach | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Senior Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 539.30

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19931
Amount of Each Receipt this Period: 28.85

C.
Full Name (Last, First, Middle Initial)
Ms Joylin Nation
Mailing Address 15985 Voyageurs Place
City: West Palm Beach | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Senior Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 568.15

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19932
Amount of Each Receipt this Period: 28.85

SUBTOTAL of Receipts This Page (optional) ▶ **86.55**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 286 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
David K Nees
Mailing Address 5315 Rymoor Drive
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care. Inc
Occupation: Associate General Counsel
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 211.46
Date of Receipt: 08 24 2005
Transaction ID: SA11A1.19936
Amount of Each Receipt this Period: 21.14

B.
Full Name (Last, First, Middle Initial)
David K Nees
Mailing Address 5315 Rymoor Drive
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care. Inc
Occupation: Associate General Counsel
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 232.60
Date of Receipt: 09 07 2005
Transaction ID: SA11A1.19937
Amount of Each Receipt this Period: 21.14

C.
Full Name (Last, First, Middle Initial)
David K Nees
Mailing Address 5315 Rymoor Drive
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care, Inc
Occupation: Associate General Counsel
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 253.74
Date of Receipt: 09 21 2005
Transaction ID: SA11A1.19938
Amount of Each Receipt this Period: 21.14

SUBTOTAL of Receipts This Page (optional) ▶ **63.42**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 287 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
David K Nees
Mailing Address 5315 Rymoor Drive
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care. Inc
Occupation: Associate General Counsel
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 274.88

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19939
Amount of Each Receipt this Period: 21.14

B.
Full Name (Last, First, Middle Initial)
David K Nees
Mailing Address 5315 Rymoor Drive
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care. Inc
Occupation: Associate General Counsel
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 298.02

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19940
Amount of Each Receipt this Period: 21.14

C.
Full Name (Last, First, Middle Initial)
David K Nees
Mailing Address 5315 Rymoor Drive
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care, Inc
Occupation: Associate General Counsel
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 317.16

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19941
Amount of Each Receipt this Period: 21.14

SUBTOTAL of Receipts This Page (optional) ▶ **63.42**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 288 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
David K Nees
Mailing Address 5315 Rymoor Drive
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care. Inc
Occupation: Associate General Counsel
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 338.30

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19942
Amount of Each Receipt this Period: 21.14

B.
Full Name (Last, First, Middle Initial)
David K Nees
Mailing Address 5315 Rymoor Drive
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care. Inc
Occupation: Associate General Counsel
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 359.44

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19943
Amount of Each Receipt this Period: 21.14

C.
Full Name (Last, First, Middle Initial)
David K Nees
Mailing Address 5315 Rymoor Drive
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care, Inc
Occupation: Associate General Counsel
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 380.58

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19944
Amount of Each Receipt this Period: 21.14

SUBTOTAL of Receipts This Page (optional) ▶ **63.42**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 289 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
David K Nees
Mailing Address 5315 Rymoor Drive
City: Sylvania | State: OH | Zip Code: 43560
FEC ID number of contributing federal political committee: C
Name of Employer: HCR. Manor Care. Inc
Occupation: Associate General Counsel
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 401.72

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19945
Amount of Each Receipt this Period: 21.14

B. Full Name (Last, First, Middle Initial)
Kimberly A Nelson
Mailing Address 2274 Edwin Ave.
City: Akron | State: OH | Zip Code: 44314
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19958
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
Linda Naumann
Mailing Address 28 Roslyn Road
City: Grosse Pointe Shor | State: MI | Zip Code: 48236
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.74

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.19960
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ 69.59

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 300 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Linda Neumann
Mailing Address 28 Roslyn Road
City: Grosse Pointe Shor | State: MI | Zip Code: 48236
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 269.19

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.19961
Amount of Each Receipt this Period: 38.45

B. Full Name (Last, First, Middle Initial)
Linda Neumann
Mailing Address 28 Roslyn Road
City: Grosse Pointe Shor | State: MI | Zip Code: 48236
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 307.64

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.19962
Amount of Each Receipt this Period: 38.45

C. Full Name (Last, First, Middle Initial)
Linda Neumann
Mailing Address 28 Roslyn Road
City: Grosse Pointe Shor | State: MI | Zip Code: 48236
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.09

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.19963
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶ **115.35**

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 301 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Linda Neumann
Mailing Address 28 Roslyn Road
City: Grosse Pointe Shor | State: MI | Zip Code: 48236
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 384.54

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.19964
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Linda Neumann
Mailing Address 28 Roslyn Road
City: Grosse Pointe Shor | State: MI | Zip Code: 48236
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 422.99

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.19965
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Linda Neumann
Mailing Address 28 Roslyn Road
City: Grosse Pointe Shor | State: MI | Zip Code: 48236
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 461.44

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.19966
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶	115.35
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 302 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Linda Neumann
Mailing Address 28 Roslyn Road
City: Grosse Pointe Shor | State: MI | Zip Code: 48236
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 499.89

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.19967
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Linda Neumann
Mailing Address 28 Roslyn Road
City: Grosse Pointe Shor | State: MI | Zip Code: 48236
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 538.34

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.19968
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Linda Neumann
Mailing Address 28 Roslyn Road
City: Grosse Pointe Shor | State: MI | Zip Code: 48236
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 576.79

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.19969
Amount of Each Receipt this Period: 38.45

SUBTOTAL of Receipts This Page (optional) ▶	115.35
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 303 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Linda Neumann
Mailing Address 28 Roslyn Road
City: Grosse Pointe Shor | State: MI | Zip Code: 48236
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 615.24

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.19970
Amount of Each Receipt this Period: 38.45

B.
Full Name (Last, First, Middle Initial)
Linda Neumann
Mailing Address 28 Roslyn Road
City: Grosse Pointe Shor | State: MI | Zip Code: 48236
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 653.69

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.19971
Amount of Each Receipt this Period: 38.45

C.
Full Name (Last, First, Middle Initial)
Gordon D Oehs
Mailing Address 2505 Waterford Court
City: Palmetto | State: FL | Zip Code: 34221
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.20024
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **126.90**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 304 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Gordon C Ochs
Mailing Address 2505 Waterford Court
City: Palmetto | State: FL | Zip Code: 34221
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 07 27 2005
Transaction ID: SA11A1.20025
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Gordon C Ochs
Mailing Address 2505 Waterford Court
City: Palmetto | State: FL | Zip Code: 34221
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20026
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Gordon C Ochs
Mailing Address 2505 Waterford Court
City: Palmetto | State: FL | Zip Code: 34221
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20027
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 305 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Gordon C Ochs
Mailing Address 2505 Waterford Court
City: Palmetto | State: FL | Zip Code: 34221
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20028
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Gordon C Ochs
Mailing Address 2505 Waterford Court
City: Palmetto | State: FL | Zip Code: 34221
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 650.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20029
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Gordon C Ochs
Mailing Address 2505 Waterford Court
City: Palmetto | State: FL | Zip Code: 34221
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20030
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 306 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Gordon C Ochs
Mailing Address 2505 Waterford Court
City: Palmetto | State: FL | Zip Code: 34221
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20031
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Gordon C Ochs
Mailing Address 2505 Waterford Court
City: Palmetto | State: FL | Zip Code: 34221
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20032
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Gordon C Ochs
Mailing Address 2505 Waterford Court
City: Palmetto | State: FL | Zip Code: 34221
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 850.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20033
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 307 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Gordon C Ochs
Mailing Address 2505 Waterford Court
City: Palmetto | State: FL | Zip Code: 34221
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20034
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Gordon C Ochs
Mailing Address 2505 Waterford Court
City: Palmetto | State: FL | Zip Code: 34221
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 850.00
Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20035
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Gordon C Ochs
Mailing Address 2505 Waterford Court
City: Palmetto | State: FL | Zip Code: 34221
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20036
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 308 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Leslie Ohm
Mailing Address 12331 South 71st Avenue
City: Palos Heights | State: IL | Zip Code: 60463
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.20049
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Ms Leslie Ohm
Mailing Address 12331 South 71st Avenue
City: Palos Heights | State: IL | Zip Code: 60463
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.20050
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Ms Leslie Ohm
Mailing Address 12331 South 71st Avenue
City: Palos Heights | State: IL | Zip Code: 60463
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20051
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 309 / 465
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Leslie Ohm
Mailing Address 12331 South 71st Avenue
City: Palos Heights | State: IL | Zip Code: 60463
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20052
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Ms Leslie Ohm
Mailing Address 12331 South 71st Avenue
City: Palos Heights | State: IL | Zip Code: 60463
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20053
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Ms Leslie Ohm
Mailing Address 12331 South 71st Avenue
City: Palos Heights | State: IL | Zip Code: 60463
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20054
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 310 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Leslie Ohm
Mailing Address 12331 South 71st Avenue
City: Palos Heights | State: IL | Zip Code: 60463
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 650.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20055
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Ms Leslie Ohm
Mailing Address 12331 South 71st Avenue
City: Palos Heights | State: IL | Zip Code: 60463
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20056
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Ms Leslie Ohm
Mailing Address 12331 South 71st Avenue
City: Palos Heights | State: IL | Zip Code: 60463
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20057
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 311 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Leslie Ohm
Mailing Address 12331 South 71st Avenue
City: Palos Heights | State: IL | Zip Code: 60463
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20058
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Ms Leslie Ohm
Mailing Address 12331 South 71st Avenue
City: Palos Heights | State: IL | Zip Code: 60463
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 850.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20059
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Ms Leslie Ohm
Mailing Address 12331 South 71st Avenue
City: Palos Heights | State: IL | Zip Code: 60463
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 900.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20060
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 312 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms Leslie Ohm
Mailing Address 12331 South 71st Avenue
City: Palos Heights | State: IL | Zip Code: 60463
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005 — X Primary — General — Other (specify)
Aggregate Year-to-Date: 650.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20081
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Sue Orawiec
Mailing Address 4 Park Crossing Circle
City: Ormond Beach | State: FL | Zip Code: 32174
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Clinical Risk Manager
Receipt For: Primary — General — Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 16 2005
Transaction ID: SA11A1.16259
Amount of Each Receipt this Period: 250.00
Donation

C. Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski
Mailing Address 689 Highway 60
City: Cedarburg | State: WI | Zip Code: 53012
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director, Clinical Services
Receipt For: 2005 — X Primary — General — Other (specify)
Aggregate Year-to-Date: 323.05

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.20062
Amount of Each Receipt this Period: 46.15

SUBTOTAL of Receipts This Page (optional) ▶ **346.15**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 313 / 465
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski
Mailing Address 889 Highway 60
City: Cedarburg | State: WI | Zip Code: 53012
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director, Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 369.20

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.20063
Amount of Each Receipt this Period: 46.15

B.
Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski
Mailing Address 889 Highway 60
City: Cedarburg | State: WI | Zip Code: 53012
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director, Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 415.35

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20064
Amount of Each Receipt this Period: 46.15

C.
Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski
Mailing Address 889 Highway 60
City: Cedarburg | State: WI | Zip Code: 53012
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director, Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 461.50

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20065
Amount of Each Receipt this Period: 46.15

SUBTOTAL of Receipts This Page (optional) ▶ **138.45**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 314 / 465
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski
Mailing Address 889 Highway 60
City: Cedarburg | State: WI | Zip Code: 53012
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director, Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 507.65

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20066
Amount of Each Receipt this Period: 46.15

B.
Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski
Mailing Address 889 Highway 60
City: Cedarburg | State: WI | Zip Code: 53012
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director, Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 553.80

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20067
Amount of Each Receipt this Period: 46.15

C.
Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski
Mailing Address 889 Highway 60
City: Cedarburg | State: WI | Zip Code: 53012
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director, Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 599.95

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20068
Amount of Each Receipt this Period: 46.15

SUBTOTAL of Receipts This Page (optional) ▶ **138.45**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 315 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski
Mailing Address 889 Highway 60
City: Cedarburg | State: WI | Zip Code: 53012
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director, Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 646.10

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20069
Amount of Each Receipt this Period: 46.15

B.
Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski
Mailing Address 889 Highway 60
City: Cedarburg | State: WI | Zip Code: 53012
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director, Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 692.25

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20070
Amount of Each Receipt this Period: 46.15

C.
Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski
Mailing Address 889 Highway 60
City: Cedarburg | State: WI | Zip Code: 53012
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director, Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 738.40

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20071
Amount of Each Receipt this Period: 46.15

SUBTOTAL of Receipts This Page (optional) ▶ **138.45**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 316 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski
Mailing Address 889 Highway 60
City: Cedarburg | State: WI | Zip Code: 53012
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director, Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 784.55

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20072
Amount of Each Receipt this Period: 46.15

B.
Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski
Mailing Address 889 Highway 60
City: Cedarburg | State: WI | Zip Code: 53012
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director, Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 830.70

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20073
Amount of Each Receipt this Period: 46.15

C.
Full Name (Last, First, Middle Initial)
Ms. Annette Orlowski
Mailing Address 889 Highway 60
City: Cedarburg | State: WI | Zip Code: 53012
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director, Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 876.85

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20074
Amount of Each Receipt this Period: 46.15

SUBTOTAL of Receipts This Page (optional) ▶ **138.45**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 317 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. James Pagoaga
Mailing Address 13129 Fox Path Lane
City: West Friendship | State: MD | Zip Code: 21794
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Rehabilitation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.82

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20129
Amount of Each Receipt this Period: 38.47

B. Full Name (Last, First, Middle Initial)
Mr. James Pagoaga
Mailing Address 13129 Fox Path Lane
City: West Friendship | State: MD | Zip Code: 21794
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Rehabilitation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 269.29

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20130
Amount of Each Receipt this Period: 38.47

C. Full Name (Last, First, Middle Initial)
Mr. James Pagoaga
Mailing Address 13129 Fox Path Lane
City: West Friendship | State: MD | Zip Code: 21794
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Rehabilitation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 307.76

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20131
Amount of Each Receipt this Period: 38.47

SUBTOTAL of Receipts This Page (optional) ▶ **115.41**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 318 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. James Pagoaga
Mailing Address 13129 Fox Path Lane
City: West Friendship | State: MD | Zip Code: 21794
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Rehabilitation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.23

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20132
Amount of Each Receipt this Period: 38.47

B. Full Name (Last, First, Middle Initial)
Mr. James Pagoaga
Mailing Address 13129 Fox Path Lane
City: West Friendship | State: MD | Zip Code: 21794
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Rehabilitation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 384.70

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20133
Amount of Each Receipt this Period: 38.47

C. Full Name (Last, First, Middle Initial)
Mr. James Pagoaga
Mailing Address 13129 Fox Path Lane
City: West Friendship | State: MD | Zip Code: 21794
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Rehabilitation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 423.17

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20134
Amount of Each Receipt this Period: 38.47

SUBTOTAL of Receipts This Page (optional) ▶ **115.41**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 319 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. James Pagcoga
Mailing Address 13129 Fox Path Lane
City: West Friendship | State: MD | Zip Code: 21794
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, Rehabilitation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 461.64

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20135
Amount of Each Receipt this Period: 38.47

B.
Full Name (Last, First, Middle Initial)
Valerie G Palmieri
Mailing Address 1503 Lexington Way
City: Morgantown | State: PA | Zip Code: 19543
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.20136
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Valerie G Palmieri
Mailing Address 1503 Lexington Way
City: Morgantown | State: PA | Zip Code: 19543
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.20137
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 98.47

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 320 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Valerie G Palmieri
Mailing Address 1503 Lexington Way
City: Morgantown | State: PA | Zip Code: 19543
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20138
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Valerie G Palmieri
Mailing Address 1503 Lexington Way
City: Morgantown | State: PA | Zip Code: 19543
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20139
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Valerie G Palmieri
Mailing Address 1503 Lexington Way
City: Morgantown | State: PA | Zip Code: 19543
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 330.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20140
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 321 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Valerie G Palmieri
Mailing Address 1503 Lexington Way
City: Morgantown | State: PA | Zip Code: 19543
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00
Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20141
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Valerie G Palmieri
Mailing Address 1503 Lexington Way
City: Morgantown | State: PA | Zip Code: 19543
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 390.00
Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20142
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Valerie G Palmieri
Mailing Address 1503 Lexington Way
City: Morgantown | State: PA | Zip Code: 19543
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 420.00
Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20143
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 322 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Valerie G Palmieri
Mailing Address 1503 Lexington Way
City: Morgantown | State: PA | Zip Code: 19543
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20144
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Valerie G Palmieri
Mailing Address 1503 Lexington Way
City: Morgantown | State: PA | Zip Code: 19543
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 480.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20145
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Valerie G Palmieri
Mailing Address 1503 Lexington Way
City: Morgantown | State: PA | Zip Code: 19543
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 510.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20146
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 323 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Valerie G Palmieri
Mailing Address 1503 Lexington Way
City: Morgantown | State: PA | Zip Code: 19543
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 540.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20147
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard Paredes
Mailing Address 4749 Eastbury Estates Drive
City: Davenport | State: IA | Zip Code: 52807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 538.43

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.20148
Amount of Each Receipt this Period: 76.91

C. Full Name (Last, First, Middle Initial)
Mr. Richard Paredes
Mailing Address 4749 Eastbury Estates Drive
City: Davenport | State: IA | Zip Code: 52807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 615.34

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.20149
Amount of Each Receipt this Period: 76.91

SUBTOTAL of Receipts This Page (optional) ▶ **183.82**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 324 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Richard Perades
Mailing Address 4749 Eastbury Estates Drive
City: Davenport | State: IA | Zip Code: 52807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 692.25

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20150
Amount of Each Receipt this Period: 76.91

B.
Full Name (Last, First, Middle Initial)
Mr. Richard Perades
Mailing Address 4749 Eastbury Estates Drive
City: Davenport | State: IA | Zip Code: 52807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 769.18

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20151
Amount of Each Receipt this Period: 76.91

C.
Full Name (Last, First, Middle Initial)
Mr. Richard Perades
Mailing Address 4749 Eastbury Estates Drive
City: Davenport | State: IA | Zip Code: 52807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 846.07

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20152
Amount of Each Receipt this Period: 76.91

SUBTOTAL of Receipts This Page (optional) ▶ **230.73**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 325 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Richard Perades
Mailing Address 4749 Eastbury Estates Drive
City: Davenport | State: IA | Zip Code: 52807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 622.98

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20153
Amount of Each Receipt this Period: 76.91

B.
Full Name (Last, First, Middle Initial)
Mr. Richard Perades
Mailing Address 4749 Eastbury Estates Drive
City: Davenport | State: IA | Zip Code: 52807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 899.89

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20154
Amount of Each Receipt this Period: 76.91

C.
Full Name (Last, First, Middle Initial)
Mr. Richard Perades
Mailing Address 4749 Eastbury Estates Drive
City: Davenport | State: IA | Zip Code: 52807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1076.80

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20155
Amount of Each Receipt this Period: 76.91

SUBTOTAL of Receipts This Page (optional) ▶ **230.73**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 326 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Richard Perades
Mailing Address 4749 Eastbury Estates Drive
City: Davenport | State: IA | Zip Code: 52807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1153.71

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20156
Amount of Each Receipt this Period: 76.91

B.
Full Name (Last, First, Middle Initial)
Mr. Richard Perades
Mailing Address 4749 Eastbury Estates Drive
City: Davenport | State: IA | Zip Code: 52807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1230.62

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20157
Amount of Each Receipt this Period: 76.91

C.
Full Name (Last, First, Middle Initial)
Mr. Richard Perades
Mailing Address 4749 Eastbury Estates Drive
City: Davenport | State: IA | Zip Code: 52807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1307.53

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20158
Amount of Each Receipt this Period: 76.91

SUBTOTAL of Receipts This Page (optional) ▶ **230.73**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 327 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Richard Perades
Mailing Address 4749 Eastbury Estates Drive
City: Davenport | State: IA | Zip Code: 52807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1384.44

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20159
Amount of Each Receipt this Period: 76.91

B.
Full Name (Last, First, Middle Initial)
Mr. Richard Perades
Mailing Address 4749 Eastbury Estates Drive
City: Davenport | State: IA | Zip Code: 52807
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Vice President, General Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1461.35

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20160
Amount of Each Receipt this Period: 76.91

C.
Full Name (Last, First, Middle Initial)
Bonnie S Parker
Mailing Address 8797 Nw First St
City: Coral Springs | State: FL | Zip Code: 33071
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Qlty Assur & Risk Mgmt
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20165
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **173.82**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 328 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Bonnie S Parker
Mailing Address 8797 Nw First St
City: Coral Springs | State: FL | Zip Code: 33071
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Qlty Assur & Risk Mgmt
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20166
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Bonnie S Parker
Mailing Address 8797 Nw First St
City: Coral Springs | State: FL | Zip Code: 33071
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Qlty Assur & Risk Mgmt
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20167
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Bonnie S Parker
Mailing Address 8797 Nw First St
City: Coral Springs | State: FL | Zip Code: 33071
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Qlty Assur & Risk Mgmt
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20168
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 329 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Bonnie S Parker
Mailing Address 8797 Nw First St
City: Coral Springs | State: FL | Zip Code: 33071
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Qlty Assur & Risk Mgmt
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20169
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Bonnie S Parker
Mailing Address 8797 Nw First St
City: Coral Springs | State: FL | Zip Code: 33071
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Qlty Assur & Risk Mgmt
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20170
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Bonnie S Parker
Mailing Address 8797 Nw First St
City: Coral Springs | State: FL | Zip Code: 33071
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Qlty Assur & Risk Mgmt
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 340.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20171
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 330 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Bonnie S Parker
Mailing Address 8797 Nw First St
City: Coral Springs | State: FL | Zip Code: 33071
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Qlty Assur & Risk Mgmt
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20172
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Bonnie S Parker
Mailing Address 8797 Nw First St
City: Coral Springs | State: FL | Zip Code: 33071
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Qlty Assur & Risk Mgmt
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 380.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20173
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Mr. David Parker
Mailing Address 1876 Wyandotte
City: Columbus | State: OH | Zip Code: 43212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: AVP - Central Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 390.25

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.20174
Amount of Each Receipt this Period: 55.75

SUBTOTAL of Receipts This Page (optional) ▶ 95.75

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 331 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Mr. David Parker
Mailing Address 1876 Wyandotte
City: Columbus | State: OH | Zip Code: 43212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: AVP - Central Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 446.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.20175
Amount of Each Receipt this Period: 55.75

B.
Full Name (Last, First, Middle Initial)
Mr. David Parker
Mailing Address 1876 Wyandotte
City: Columbus | State: OH | Zip Code: 43212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: AVP - Central Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 501.75

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20176
Amount of Each Receipt this Period: 55.75

C.
Full Name (Last, First, Middle Initial)
Mr. David Parker
Mailing Address 1876 Wyandotte
City: Columbus | State: OH | Zip Code: 43212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: AVP - Central Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 557.50

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20177
Amount of Each Receipt this Period: 55.75

SUBTOTAL of Receipts This Page (optional) ▶ **167.25**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 332 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. David Parker
Mailing Address 1876 Wyandotte
City: Columbus | State: OH | Zip Code: 43212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: AVP - Central Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 613.25

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20178
Amount of Each Receipt this Period: 55.75

B. Full Name (Last, First, Middle Initial)
Mr. David Parker
Mailing Address 1876 Wyandotte
City: Columbus | State: OH | Zip Code: 43212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: AVP - Central Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 669.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20179
Amount of Each Receipt this Period: 55.75

C. Full Name (Last, First, Middle Initial)
Mr. David Parker
Mailing Address 1876 Wyandotte
City: Columbus | State: OH | Zip Code: 43212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: AVP - Central Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 724.75

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20180
Amount of Each Receipt this Period: 55.75

SUBTOTAL of Receipts This Page (optional) ▶ **167.25**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 333 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. David Parker
Mailing Address 1876 Wyandotte
City: Columbus | State: OH | Zip Code: 43212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: AVP - Central Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 780.50

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20181
Amount of Each Receipt this Period: 55.75

B. Full Name (Last, First, Middle Initial)
Mr. David Parker
Mailing Address 1876 Wyandotte
City: Columbus | State: OH | Zip Code: 43212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: AVP - Central Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 836.25

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20182
Amount of Each Receipt this Period: 55.75

C. Full Name (Last, First, Middle Initial)
Mr. David Parker
Mailing Address 1876 Wyandotte
City: Columbus | State: OH | Zip Code: 43212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: AVP - Central Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 892.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20183
Amount of Each Receipt this Period: 55.75

SUBTOTAL of Receipts This Page (optional) ▶ **167.25**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 334 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. David Parker
Mailing Address 1876 Wyandotte
City: Columbus | State: OH | Zip Code: 43212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: AVP - Central Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 947.75

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20184
Amount of Each Receipt this Period: 55.75

B. Full Name (Last, First, Middle Initial)
Mr. David Parker
Mailing Address 1876 Wyandotte
City: Columbus | State: OH | Zip Code: 43212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: AVP - Central Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1003.50

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20185
Amount of Each Receipt this Period: 55.75

C. Full Name (Last, First, Middle Initial)
Mr. David Parker
Mailing Address 1876 Wyandotte
City: Columbus | State: OH | Zip Code: 43212
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: AVP - Central Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1059.25

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20186
Amount of Each Receipt this Period: 55.75

SUBTOTAL of Receipts This Page (optional) ▶ **167.25**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 335 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Douglas M Person
Mailing Address 812 Countay Club Drive
City: Butler | State: MO | Zip Code: 64730
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.20198
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Douglas M Person
Mailing Address 812 Countay Club Drive
City: Butler | State: MO | Zip Code: 64730
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 12 07 2005
Transaction ID: SA11A1.20199
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Douglas M Person
Mailing Address 812 Countay Club Drive
City: Butler | State: MO | Zip Code: 64730
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 12 21 2005
Transaction ID: SA11A1.20200
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 336 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Michael A Perry
Mailing Address 4134 Woodmore Court
City: Brighton | State: MI | Zip Code: 48114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDC - Midwest Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.20213
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Michael A Perry
Mailing Address 4134 Woodmore Court
City: Brighton | State: MI | Zip Code: 48114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDC - Midwest Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.20214
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Michael A Perry
Mailing Address 4134 Woodmore Court
City: Brighton | State: MI | Zip Code: 48114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDC - Midwest Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20215
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 337 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Michael A Perry
Mailing Address 4134 Woodmore Court
City: Brighton | State: MI | Zip Code: 48114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDC - Midwest Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20216
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Michael A Perry
Mailing Address 4134 Woodmore Court
City: Brighton | State: MI | Zip Code: 48114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDC - Midwest Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 330.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20217
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Michael A Perry
Mailing Address 4134 Woodmore Court
City: Brighton | State: MI | Zip Code: 48114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDC - Midwest Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20218
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 338 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Michael A Perry
Mailing Address 4134 Woodmore Court
City: Brighton | State: MI | Zip Code: 48114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDD - Midwest Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 390.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20219
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Michael A Perry
Mailing Address 4134 Woodmore Court
City: Brighton | State: MI | Zip Code: 48114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDD - Midwest Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 420.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20220
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Michael A Perry
Mailing Address 4134 Woodmore Court
City: Brighton | State: MI | Zip Code: 48114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDD - Midwest Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20221
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 339 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Michael A Perry
Mailing Address 4134 Woodmore Court
City: Brighton | State: MI | Zip Code: 48114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDC - Midwest Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 480.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20222
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Michael A Perry
Mailing Address 4134 Woodmore Court
City: Brighton | State: MI | Zip Code: 48114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDC - Midwest Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 510.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20223
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Michael A Perry
Mailing Address 4134 Woodmore Court
City: Brighton | State: MI | Zip Code: 48114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDC - Midwest Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 540.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20224
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 340 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Michael A Perry
Mailing Address 4134 Woodmore Court
City: Brighton | State: MI | Zip Code: 48114
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: RDC - Midwest Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 570.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20225
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Pamela Pekopoulos
Mailing Address 9046 Merrimoor Blvd
City: Largo | State: FL | Zip Code: 33777
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Rehab Mgr.
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20237
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Keren K Phelps
Mailing Address Rt 4^ Box 67p
City: Tecumseh | State: OK | Zip Code: 74873
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 219.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20268
Amount of Each Receipt this Period: 27.00

SUBTOTAL of Receipts This Page (optional) ▶ **77.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 341 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Karen K Phelps
Mailing Address Rt 4^ Box 87p
City: Tecumseh | State: OK | Zip Code: 74873
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 246.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20269
Amount of Each Receipt this Period: 27.00

B.
Full Name (Last, First, Middle Initial)
Karen K Phelps
Mailing Address Rt 4^ Box 87p
City: Tecumseh | State: OK | Zip Code: 74873
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 273.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20270
Amount of Each Receipt this Period: 27.00

C.
Full Name (Last, First, Middle Initial)
Karen K Phelps
Mailing Address Rt 4^ Box 87p
City: Tecumseh | State: OK | Zip Code: 74873
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20271
Amount of Each Receipt this Period: 27.00

SUBTOTAL of Receipts This Page (optional) ▶ **81.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 342 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Karen K Phelps
Mailing Address Rt 4^ Box 87p
City: Tecumseh | State: OK | Zip Code: 74873
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 327.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20272
Amount of Each Receipt this Period: 27.00

B. Full Name (Last, First, Middle Initial)
David III Pipkin
Mailing Address 9211 Marydell Rd
City: Ellicott City | State: MD | Zip Code: 21042
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.82

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20317
Amount of Each Receipt this Period: 38.47

C. Full Name (Last, First, Middle Initial)
David III Pipkin
Mailing Address 9211 Marydell Rd
City: Ellicott City | State: MD | Zip Code: 21042
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 289.29

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20318
Amount of Each Receipt this Period: 38.47

SUBTOTAL of Receipts This Page (optional) ▶ **103.94**

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 343 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
David III Pipkin
Mailing Address 9211 Marydell Rd
City: Ellicott City | State: MD | Zip Code: 21042
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 307.76

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20319
Amount of Each Receipt this Period: 38.47

B. Full Name (Last, First, Middle Initial)
David III Pipkin
Mailing Address 9211 Marydell Rd
City: Ellicott City | State: MD | Zip Code: 21042
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.23

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20320
Amount of Each Receipt this Period: 38.47

C. Full Name (Last, First, Middle Initial)
David III Pipkin
Mailing Address 9211 Marydell Rd
City: Ellicott City | State: MD | Zip Code: 21042
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 384.70

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20321
Amount of Each Receipt this Period: 38.47

SUBTOTAL of Receipts This Page (optional) ▶ **115.41**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 344 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
David III Pipkin
Mailing Address 9211 Marydell Rd
City: Ellicott City | State: MD | Zip Code: 21042
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 423.17

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20322
Amount of Each Receipt this Period: 38.47

B.
Full Name (Last, First, Middle Initial)
David III Pipkin
Mailing Address 9211 Marydell Rd
City: Ellicott City | State: MD | Zip Code: 21042
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 461.64

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20323
Amount of Each Receipt this Period: 38.47

C.
Full Name (Last, First, Middle Initial)
David III Pipkin
Mailing Address 9211 Marydell Rd
City: Ellicott City | State: MD | Zip Code: 21042
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.11

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20324
Amount of Each Receipt this Period: 38.47

SUBTOTAL of Receipts This Page (optional) ▶ **115.41**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 345 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Clifton J Porter II
Mailing Address 3929 Azalea Circle
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Government Relations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 430.39

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.20338
Amount of Each Receipt this Period: 55.77

B.
Full Name (Last, First, Middle Initial)
Clifton J Porter II
Mailing Address 3929 Azalea Circle
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Government Relations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 486.16

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.20339
Amount of Each Receipt this Period: 55.77

C.
Full Name (Last, First, Middle Initial)
Clifton J Porter II
Mailing Address 3929 Azalea Circle
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Government Relations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 541.93

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20340
Amount of Each Receipt this Period: 55.77

SUBTOTAL of Receipts This Page (optional) ▶ **167.31**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 346 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Clifton J Porter II
Mailing Address 3929 Azalea Circle
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Government Relations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 597.70

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20341
Amount of Each Receipt this Period: 55.77

B.
Full Name (Last, First, Middle Initial)
Clifton J Porter II
Mailing Address 3929 Azalea Circle
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Government Relations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 653.47

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20342
Amount of Each Receipt this Period: 55.77

C.
Full Name (Last, First, Middle Initial)
Clifton J Porter II
Mailing Address 3929 Azalea Circle
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Government Relations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 709.24

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20343
Amount of Each Receipt this Period: 55.77

SUBTOTAL of Receipts This Page (optional) ▶ **167.31**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 347 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Clifton J Porter II
Mailing Address 3929 Azalea Circle
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Government Relations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 765.01
Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20344
Amount of Each Receipt this Period: 55.77

B. Full Name (Last, First, Middle Initial)
Clifton J Porter II
Mailing Address 3929 Azalea Circle
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Government Relations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 820.78
Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20345
Amount of Each Receipt this Period: 55.77

C. Full Name (Last, First, Middle Initial)
Clifton J Porter II
Mailing Address 3929 Azalea Circle
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Government Relations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 876.55
Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20346
Amount of Each Receipt this Period: 55.77

SUBTOTAL of Receipts This Page (optional) ▶ **167.31**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 348 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Clifton J Porter II
Mailing Address 3929 Azalea Circle
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Government Relations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 832.32

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20347
Amount of Each Receipt this Period: 55.77

B.
Full Name (Last, First, Middle Initial)
Clifton J Porter II
Mailing Address 3929 Azalea Circle
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Government Relations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 888.09

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20348
Amount of Each Receipt this Period: 55.77

C.
Full Name (Last, First, Middle Initial)
Clifton J Porter II
Mailing Address 3929 Azalea Circle
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Government Relations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1043.86

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20349
Amount of Each Receipt this Period: 55.77

SUBTOTAL of Receipts This Page (optional) ▶ **167.31**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 349 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Clifton J Porter II
Mailing Address 3929 Azalea Circle
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP^ Government Relations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1099.63

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20350
Amount of Each Receipt this Period: 55.77

B.
Full Name (Last, First, Middle Initial)
Sandra Prumly
Mailing Address 856 County Road I
City: Oshkosh | State: WI | Zip Code: 54902
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Quality & Regulatory Consultan
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20370
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial)
Sandra Prumly
Mailing Address 856 County Road I
City: Oshkosh | State: WI | Zip Code: 54902
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Quality & Regulatory Consultan
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20371
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **85.77**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 350 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Sandra Prunty
Mailing Address 856 County Road I
City: Oshkosh | State: WI | Zip Code: 54902
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Quality & Regulatory Consultan
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20372
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
Sandra Prunty
Mailing Address 856 County Road I
City: Oshkosh | State: WI | Zip Code: 54902
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Quality & Regulatory Consultan
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 255.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20373
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial)
Sandra Prunty
Mailing Address 856 County Road I
City: Oshkosh | State: WI | Zip Code: 54902
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Quality & Regulatory Consultan
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20374
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 351 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Sandra Prunty
Mailing Address 858 County Road I
City: Oshkosh | State: WI | Zip Code: 54902
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Quality & Regulatory Consultan
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 285.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20375
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
John I Remenar
Mailing Address 2723 Rexton Ridge Rd
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Financial Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 273.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.20389
Amount of Each Receipt this Period: 39.00

C.
Full Name (Last, First, Middle Initial)
John I Remenar
Mailing Address 2723 Rexton Ridge Rd
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Financial Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 312.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.20390
Amount of Each Receipt this Period: 39.00

SUBTOTAL of Receipts This Page (optional) ▶ **93.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 352 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
John I Remenar
Mailing Address 2723 Rexton Ridge Rd
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Financial Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 351.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20391
Amount of Each Receipt this Period: 39.00

B.
Full Name (Last, First, Middle Initial)
John I Remenar
Mailing Address 2723 Rexton Ridge Rd
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Financial Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 390.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20392
Amount of Each Receipt this Period: 39.00

C.
Full Name (Last, First, Middle Initial)
John I Remenar
Mailing Address 2723 Rexton Ridge Rd
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Financial Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 429.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20393
Amount of Each Receipt this Period: 39.00

SUBTOTAL of Receipts This Page (optional) ▶ **117.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 353 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
John I Remenar
Mailing Address 2723 Rexton Ridge Rd
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Financial Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 468.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20394
Amount of Each Receipt this Period: 39.00

B.
Full Name (Last, First, Middle Initial)
John I Remenar
Mailing Address 2723 Rexton Ridge Rd
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Financial Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 507.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20395
Amount of Each Receipt this Period: 39.00

C.
Full Name (Last, First, Middle Initial)
John I Remenar
Mailing Address 2723 Rexton Ridge Rd
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Financial Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 546.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20396
Amount of Each Receipt this Period: 39.00

SUBTOTAL of Receipts This Page (optional) ▶ **117.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 354 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
John I Remenar
Mailing Address 2723 Rexton Ridge Rd
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Financial Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 585.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20397
Amount of Each Receipt this Period: 39.00

B.
Full Name (Last, First, Middle Initial)
John I Remenar
Mailing Address 2723 Rexton Ridge Rd
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Financial Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 624.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20398
Amount of Each Receipt this Period: 39.00

C.
Full Name (Last, First, Middle Initial)
John I Remenar
Mailing Address 2723 Rexton Ridge Rd
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Financial Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 663.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20399
Amount of Each Receipt this Period: 39.00

SUBTOTAL of Receipts This Page (optional) ▶ **117.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 355 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
John I Remenar
Mailing Address 2723 Rexton Ridge Rd
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Financial Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 702.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20400
Amount of Each Receipt this Period: 39.00

B.
Full Name (Last, First, Middle Initial)
John I Remenar
Mailing Address 2723 Rexton Ridge Rd
City: Toledo | State: OH | Zip Code: 43617
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP Financial Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 741.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20401
Amount of Each Receipt this Period: 39.00

C.
Full Name (Last, First, Middle Initial)
Delaine Rice-White
Mailing Address 1170 Fallins Pine Ct
City: Winter Springs | State: FL | Zip Code: 32708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Divisional Rehab Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 211.50

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20429
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ **97.22**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 356 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Delaine Rice-White
Mailing Address 1170 Fallins Pine Ct
City: Winter Springs | State: FL | Zip Code: 32708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Divisional Rehab Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.72

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20430
Amount of Each Receipt this Period: 19.22

B. Full Name (Last, First, Middle Initial)
Delaine Rice-White
Mailing Address 1170 Fallins Pine Ct
City: Winter Springs | State: FL | Zip Code: 32708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Divisional Rehab Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 249.94

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20431
Amount of Each Receipt this Period: 19.22

C. Full Name (Last, First, Middle Initial)
Delaine Rice-White
Mailing Address 1170 Fallins Pine Ct
City: Winter Springs | State: FL | Zip Code: 32708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Divisional Rehab Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 289.16

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20432
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ 57.66

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 357 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Delaine Rice-White
Mailing Address 1170 Fallins Pine Ct
City: Winter Springs | State: FL | Zip Code: 32708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Divisional Rehab Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 288.38

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20433
Amount of Each Receipt this Period: 19.22

B.
Full Name (Last, First, Middle Initial)
Delaine Rice-White
Mailing Address 1170 Fallins Pine Ct
City: Winter Springs | State: FL | Zip Code: 32708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Divisional Rehab Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 307.60

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20434
Amount of Each Receipt this Period: 19.22

C.
Full Name (Last, First, Middle Initial)
Delaine Rice-White
Mailing Address 1170 Fallins Pine Ct
City: Winter Springs | State: FL | Zip Code: 32708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Divisional Rehab Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 326.82

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20435
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ 57.66

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 358 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Delaine Rice-White
Mailing Address 1170 Fallins Pine Ct
City: Winter Springs | State: FL | Zip Code: 32708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Divisional Rehab Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.04

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20436
Amount of Each Receipt this Period: 19.22

B.
Full Name (Last, First, Middle Initial)
Delaine Rice-White
Mailing Address 1170 Fallins Pine Ct
City: Winter Springs | State: FL | Zip Code: 32708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Divisional Rehab Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 365.26

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20437
Amount of Each Receipt this Period: 19.22

C.
Full Name (Last, First, Middle Initial)
Delaine Rice-White
Mailing Address 1170 Fallins Pine Ct
City: Winter Springs | State: FL | Zip Code: 32708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Divisional Rehab Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 384.48

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20438
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ **57.66**

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 359 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Delaine Rice-White
Mailing Address 1170 Fallins Pine Ct
City: Winter Springs | State: FL | Zip Code: 32708
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc
Occupation: Divisional Rehab Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 403.70

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20439
Amount of Each Receipt this Period: 19.22

B. Full Name (Last, First, Middle Initial)
Glen Roebuck
Mailing Address 314 Forest Road
City: Davenport | State: IA | Zip Code: 52803
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.20441
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
Glen Roebuck
Mailing Address 314 Forest Road
City: Davenport | State: IA | Zip Code: 52803
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.20442
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **99.22**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 360 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Glen Roebuck
Mailing Address 314 Forest Road
City: Davenport | State: IA | Zip Code: 52803
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20443
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Glen Roebuck
Mailing Address 314 Forest Road
City: Davenport | State: IA | Zip Code: 52803
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20444
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Glen Roebuck
Mailing Address 314 Forest Road
City: Davenport | State: IA | Zip Code: 52803
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 440.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20445
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 361 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Glen Roebuck
Mailing Address 314 Forest Road
City: Davenport | State: IA | Zip Code: 52803
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 480.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20446
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Glen Roebuck
Mailing Address 314 Forest Road
City: Davenport | State: IA | Zip Code: 52803
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 520.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20447
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Glen Roebuck
Mailing Address 314 Forest Road
City: Davenport | State: IA | Zip Code: 52803
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 560.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20448
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 362 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Glen Roebuck
Mailing Address 314 Forest Road
City: Davenport | State: IA | Zip Code: 52803
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20449
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
Glen Roebuck
Mailing Address 314 Forest Road
City: Davenport | State: IA | Zip Code: 52803
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 640.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20450
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
Glen Roebuck
Mailing Address 314 Forest Road
City: Davenport | State: IA | Zip Code: 52803
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 680.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20451
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 363 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Glen Roebuck
Mailing Address 314 Forest Road
City: Davenport | State: IA | Zip Code: 52803
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 720.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20452
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Glen Roebuck
Mailing Address 314 Forest Road
City: Davenport | State: IA | Zip Code: 52803
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Director of Operation
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 760.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20453
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
David R Roth
Mailing Address 5257 Bentwood Drive
City: Mason | State: OH | Zip Code: 45040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director Of Planning
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 207.96

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20531
Amount of Each Receipt this Period: 20.79

SUBTOTAL of Receipts This Page (optional) ▶ **100.79**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 364 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
David R Roth
Mailing Address 5257 Benbwood Drive
City: Mason | State: OH | Zip Code: 45040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director Of Planning
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 228.75

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20532
Amount of Each Receipt this Period: 20.79

B.
Full Name (Last, First, Middle Initial)
David R Roth
Mailing Address 5257 Benbwood Drive
City: Mason | State: OH | Zip Code: 45040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director Of Planning
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 249.54

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20533
Amount of Each Receipt this Period: 20.79

C.
Full Name (Last, First, Middle Initial)
David R Roth
Mailing Address 5257 Benbwood Drive
City: Mason | State: OH | Zip Code: 45040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director Of Planning
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.33

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20534
Amount of Each Receipt this Period: 20.79

SUBTOTAL of Receipts This Page (optional) ▶ **62.37**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 365 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
David R Roth
Mailing Address 5257 Benbwood Drive
City: Mason | State: OH | Zip Code: 45040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director Of Planning
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 291.12

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20535
Amount of Each Receipt this Period: 20.79

B.
Full Name (Last, First, Middle Initial)
David R Roth
Mailing Address 5257 Benbwood Drive
City: Mason | State: OH | Zip Code: 45040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director Of Planning
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 311.91

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20536
Amount of Each Receipt this Period: 20.79

C.
Full Name (Last, First, Middle Initial)
David R Roth
Mailing Address 5257 Benbwood Drive
City: Mason | State: OH | Zip Code: 45040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director Of Planning
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 332.70

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20537
Amount of Each Receipt this Period: 20.79

SUBTOTAL of Receipts This Page (optional) ▶ **62.37**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 366 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
David R Roth
Mailing Address 5257 Benbwood Drive
City: Mason | State: OH | Zip Code: 45040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director Of Planning
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 353.49

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20538
Amount of Each Receipt this Period: 20.79

B.
Full Name (Last, First, Middle Initial)
David R Roth
Mailing Address 5257 Benbwood Drive
City: Mason | State: OH | Zip Code: 45040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director Of Planning
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 374.28

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20539
Amount of Each Receipt this Period: 20.79

C.
Full Name (Last, First, Middle Initial)
David R Roth
Mailing Address 5257 Benbwood Drive
City: Mason | State: OH | Zip Code: 45040
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Director Of Planning
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 395.07

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20540
Amount of Each Receipt this Period: 20.79

SUBTOTAL of Receipts This Page (optional) ▶ **62.37**

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 367 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Richard G Rump
Mailing Address 2423 Heather Glen Dr
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Corporate Communication
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.20566
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Richard G Rump
Mailing Address 2423 Heather Glen Dr
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Corporate Communication
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.20567
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Richard G Rump
Mailing Address 2423 Heather Glen Dr
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Corporate Communication
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20568
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 368 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Richard G Rump
Mailing Address 2423 Heather Glen Dr
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Corporate Communication
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20569
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Richard G Rump
Mailing Address 2423 Heather Glen Dr
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Corporate Communication
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 325.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20570
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Richard G Rump
Mailing Address 2423 Heather Glen Dr
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Corporate Communication
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20571
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 369 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Richard G Rump
Mailing Address 2423 Heather Glen Dr
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Corporate Communication
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20572
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Richard G Rump
Mailing Address 2423 Heather Glen Dr
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Corporate Communication
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20573
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Richard G Rump
Mailing Address 2423 Heather Glen Dr
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Corporate Communication
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 425.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20574
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 370 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Richard G Rump
Mailing Address 2423 Heather Glen Dr
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Corporate Communication
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20575
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Richard G Rump
Mailing Address 2423 Heather Glen Dr
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Corporate Communication
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 475.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20576
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Richard G Rump
Mailing Address 2423 Heather Glen Dr
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Corporate Communication
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20577
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 371 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Richard G Rump
Mailing Address 2423 Heather Glen Dr
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Dir^ Corporate Communication
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 525.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20578
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Lori Seidleman-Yoh
Mailing Address 5421 Willow Run Drive
City: Milford | State: OH | Zip Code: 45150
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 211.42

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20627
Amount of Each Receipt this Period: 19.22

C. Full Name (Last, First, Middle Initial)
George H Schaefer
Mailing Address 645 Ulverston Dr
City: Gahanna | State: OH | Zip Code: 43230
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Marketing Director^ Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 211.47

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20866
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ **63.44**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 372 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
George H Schaefer
Mailing Address 645 Ulverston Dr
City: Gahanna | State: OH | Zip Code: 43230
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Marketing Director^ Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.69

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20667
Amount of Each Receipt this Period: 19.22

B.
Full Name (Last, First, Middle Initial)
George H Schaefer
Mailing Address 645 Ulverston Dr
City: Gahanna | State: OH | Zip Code: 43230
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Marketing Director^ Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 249.91

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20668
Amount of Each Receipt this Period: 19.22

C.
Full Name (Last, First, Middle Initial)
George H Schaefer
Mailing Address 645 Ulverston Dr
City: Gahanna | State: OH | Zip Code: 43230
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Marketing Director^ Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 269.13

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20669
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ 57.66

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 373 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
George H Schaefer
Mailing Address 645 Ulverston Dr
City: Gahanna | State: OH | Zip Code: 43230
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Marketing Director^ Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 288.35

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20670
Amount of Each Receipt this Period: 19.22

B.
Full Name (Last, First, Middle Initial)
George H Schaefer
Mailing Address 645 Ulverston Dr
City: Gahanna | State: OH | Zip Code: 43230
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Marketing Director^ Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 307.57

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20671
Amount of Each Receipt this Period: 19.22

C.
Full Name (Last, First, Middle Initial)
George H Schaefer
Mailing Address 645 Ulverston Dr
City: Gahanna | State: OH | Zip Code: 43230
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Marketing Director^ Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 326.79

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20672
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ **57.66**

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 374 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
George H Schaefer
Mailing Address 845 Ulverston Dr
City: Gahanna | State: OH | Zip Code: 43230
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Marketing Director^ Division
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.01
Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20673
Amount of Each Receipt this Period: 19.22

B. Full Name (Last, First, Middle Initial)
Francis J Schmitt
Mailing Address 4007 Thistle Hill Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 560.00
Date of Receipt: 07 13 2005
Transaction ID: SA11A1.20687
Amount of Each Receipt this Period: 80.00

C. Full Name (Last, First, Middle Initial)
Francis J Schmitt
Mailing Address 4007 Thistle Hill Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 640.00
Date of Receipt: 07 27 2005
Transaction ID: SA11A1.20688
Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ **179.22**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 375 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Francis J Schmitt
Mailing Address 4007 Thistle Hill Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 720.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20689
Amount of Each Receipt this Period: 80.00

B.
Full Name (Last, First, Middle Initial)
Francis J Schmitt
Mailing Address 4007 Thistle Hill Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20690
Amount of Each Receipt this Period: 80.00

C.
Full Name (Last, First, Middle Initial)
Francis J Schmitt
Mailing Address 4007 Thistle Hill Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 880.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20691
Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ **240.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 376 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Francis J Schmitt
Mailing Address 4007 Thistle Hill Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 960.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20692
Amount of Each Receipt this Period: 80.00

B.
Full Name (Last, First, Middle Initial)
Francis J Schmitt
Mailing Address 4007 Thistle Hill Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1040.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20693
Amount of Each Receipt this Period: 80.00

C.
Full Name (Last, First, Middle Initial)
Francis J Schmitt
Mailing Address 4007 Thistle Hill Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1120.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20694
Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ **240.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 377 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Francis J Schmitt
Mailing Address 4007 Thistle Hill Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1200.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20695
Amount of Each Receipt this Period: 80.00

B. Full Name (Last, First, Middle Initial)
Francis J Schmitt
Mailing Address 4007 Thistle Hill Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1280.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20696
Amount of Each Receipt this Period: 80.00

C. Full Name (Last, First, Middle Initial)
Francis J Schmitt
Mailing Address 4007 Thistle Hill Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1360.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20697
Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ **240.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 378 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Francis J Schmitt
Mailing Address 4007 Thistle Hill Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1440.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20698
Amount of Each Receipt this Period: 80.00

B.
Full Name (Last, First, Middle Initial)
Francis J Schmitt
Mailing Address 4007 Thistle Hill Court
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1520.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20699
Amount of Each Receipt this Period: 80.00

C.
Full Name (Last, First, Middle Initial)
Bruce G Schroeder
Mailing Address 10945 Lakeview Dr
City: Whitehouse | State: OH | Zip Code: 43571
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Home Health
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 215.44

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20708
Amount of Each Receipt this Period: 26.93

SUBTOTAL of Receipts This Page (optional) ▶ **186.93**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 379 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Bruce G Schroeder
Mailing Address 10945 Lakeview Dr
City: Whitehouse | State: OH | Zip Code: 43571
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Home Health
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 242.37

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20709
Amount of Each Receipt this Period: 26.93

B.
Full Name (Last, First, Middle Initial)
Bruce G Schroeder
Mailing Address 10945 Lakeview Dr
City: Whitehouse | State: OH | Zip Code: 43571
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Home Health
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 269.30

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20710
Amount of Each Receipt this Period: 26.93

C.
Full Name (Last, First, Middle Initial)
Bruce G Schroeder
Mailing Address 10945 Lakeview Dr
City: Whitehouse | State: OH | Zip Code: 43571
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Home Health
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 296.23

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20711
Amount of Each Receipt this Period: 26.93

SUBTOTAL of Receipts This Page (optional) ▶ **80.79**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 380 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Bruce G Schroeder
Mailing Address 10945 Lakeview Dr
City: Whitehouse | State: OH | Zip Code: 43571
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Home Health
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 323.16

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20712
Amount of Each Receipt this Period: 26.93

B.
Full Name (Last, First, Middle Initial)
Bruce G Schroeder
Mailing Address 10945 Lakeview Dr
City: Whitehouse | State: OH | Zip Code: 43571
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: AVP Home Health
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.09

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20713
Amount of Each Receipt this Period: 26.93

C.
Full Name (Last, First, Middle Initial)
Mr. Mark Schroepfer
Mailing Address 2328 Bonnie Brae
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
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 10 26 2005
Transaction ID: SA11A1.20722
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **68.86**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 381 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Mark Schroepfer
Mailing Address 2328 Bonnie Brae
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
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.20723
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
Mr. Mark Schroepfer
Mailing Address 2328 Bonnie Brae
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
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.20724
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial)
Mr. Mark Schroepfer
Mailing Address 2328 Bonnie Brae
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
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 255.00

Date of Receipt: 12 07 2005
Transaction ID: SA11A1.20725
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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 382 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Mr. Mark Schroepfer
Mailing Address 2328 Bonnie Brae
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
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00

Date of Receipt: 12 21 2005
Transaction ID: SA11A1.20726
Amount of Each Receipt this Period: 15.00

B. Full Name (Last, First, Middle Initial)
Mr. Edward Schuch
Mailing Address 1554 Primrose Lane
City: Bethlehem | State: PA | Zip Code: 18018
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20739
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
Ms. Amanda Sterkel
Mailing Address 423 Lincoln Highlands Drive
City: Coraopolis | State: PA | Zip Code: 15108
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: RDD - Eastern Region 6
Receipt For:
Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.16326
Amount of Each Receipt this Period: 300.00
Donation

SUBTOTAL of Receipts This Page (optional) ▶ **325.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 383 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Theresa J Smelser
Mailing Address 202 N. Elm Hurst Rd.
City: Prospect Heights | State: IL | Zip Code: 60070
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 215.36

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20805
Amount of Each Receipt this Period: 26.92

B.
Full Name (Last, First, Middle Initial)
Theresa J Smelser
Mailing Address 202 N. Elm Hurst Rd.
City: Prospect Heights | State: IL | Zip Code: 60070
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 242.28

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20806
Amount of Each Receipt this Period: 26.92

C.
Full Name (Last, First, Middle Initial)
Theresa J Smelser
Mailing Address 202 N. Elm Hurst Rd.
City: Prospect Heights | State: IL | Zip Code: 60070
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 289.20

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20807
Amount of Each Receipt this Period: 26.92

SUBTOTAL of Receipts This Page (optional) ▶ **80.76**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 384 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Theresa J Smelser
Mailing Address 202 N. Elm Hurst Rd.
City: Prospect Heights | State: IL | Zip Code: 60070
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 296.12

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20808
Amount of Each Receipt this Period: 26.92

B. Full Name (Last, First, Middle Initial)
Theresa J Smelser
Mailing Address 202 N. Elm Hurst Rd.
City: Prospect Heights | State: IL | Zip Code: 60070
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 323.04

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20809
Amount of Each Receipt this Period: 26.92

C. Full Name (Last, First, Middle Initial)
Theresa J Smelser
Mailing Address 202 N. Elm Hurst Rd.
City: Prospect Heights | State: IL | Zip Code: 60070
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 349.96

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20810
Amount of Each Receipt this Period: 26.92

SUBTOTAL of Receipts This Page (optional) ▶ **80.76**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 385 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Theresa J Smelser
Mailing Address 202 N. Elm Hurst Rd.
City: Prospect Heights | State: IL | Zip Code: 60070
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 376.88

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20811
Amount of Each Receipt this Period: 26.92

B.
Full Name (Last, First, Middle Initial)
Theresa J Smelser
Mailing Address 202 N. Elm Hurst Rd.
City: Prospect Heights | State: IL | Zip Code: 60070
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 403.80

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20812
Amount of Each Receipt this Period: 26.92

C.
Full Name (Last, First, Middle Initial)
Theresa J Smelser
Mailing Address 202 N. Elm Hurst Rd.
City: Prospect Heights | State: IL | Zip Code: 60070
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 430.72

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20813
Amount of Each Receipt this Period: 26.92

SUBTOTAL of Receipts This Page (optional) ▶ **80.76**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 386 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Theresa J Smelser
Mailing Address 202 N. Elm Hurst Rd.
City: Prospect Heights | State: IL | Zip Code: 60070
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 457.64

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20814
Amount of Each Receipt this Period: 26.92

B. Full Name (Last, First, Middle Initial)
Joyce Louise Smith
Mailing Address 3521 Cedar Creek Court
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 651.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.20815
Amount of Each Receipt this Period: 93.00

C. Full Name (Last, First, Middle Initial)
Joyce Louise Smith
Mailing Address 3521 Cedar Creek Court
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 744.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.20816
Amount of Each Receipt this Period: 93.00

SUBTOTAL of Receipts This Page (optional) ▶ **212.92**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 387 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Joyce Louise Smith
Mailing Address 3521 Cedar Creek Court
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 837.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20817
Amount of Each Receipt this Period: 93.00

B.
Full Name (Last, First, Middle Initial)
Joyce Louise Smith
Mailing Address 3521 Cedar Creek Court
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 930.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20818
Amount of Each Receipt this Period: 93.00

C.
Full Name (Last, First, Middle Initial)
Joyce Louise Smith
Mailing Address 3521 Cedar Creek Court
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1023.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20819
Amount of Each Receipt this Period: 93.00

SUBTOTAL of Receipts This Page (optional) ▶ **279.00**

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 388 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Joyce Louise Smith
Mailing Address 3521 Cedar Creek Court
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1116.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20820
Amount of Each Receipt this Period: 93.00

B.
Full Name (Last, First, Middle Initial)
Joyce Louise Smith
Mailing Address 3521 Cedar Creek Court
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1209.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20821
Amount of Each Receipt this Period: 93.00

C.
Full Name (Last, First, Middle Initial)
Joyce Louise Smith
Mailing Address 3521 Cedar Creek Court
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1302.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20822
Amount of Each Receipt this Period: 93.00

SUBTOTAL of Receipts This Page (optional) ▶ **279.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 389 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Joyce Louise Smith
Mailing Address 3521 Cedar Creek Court
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1395.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20823
Amount of Each Receipt this Period: 93.00

B.
Full Name (Last, First, Middle Initial)
Joyce Louise Smith
Mailing Address 3521 Cedar Creek Court
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1488.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20824
Amount of Each Receipt this Period: 93.00

C.
Full Name (Last, First, Middle Initial)
Joyce Louise Smith
Mailing Address 3521 Cedar Creek Court
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1581.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20825
Amount of Each Receipt this Period: 93.00

SUBTOTAL of Receipts This Page (optional) ▶ **279.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 380 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Joyce Louise Smith
Mailing Address 3521 Cedar Creek Court
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1674.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20826
Amount of Each Receipt this Period: 93.00

B. Full Name (Last, First, Middle Initial)
Joyce Louise Smith
Mailing Address 3521 Cedar Creek Court
City: Maumee | State: OH | Zip Code: 43537
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: VP^ Clinical Services
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1767.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20827
Amount of Each Receipt this Period: 93.00

C. Full Name (Last, First, Middle Initial)
Marionee J Specter
Mailing Address 5286 Sell Road
City: New Tripoli | State: PA | Zip Code: 18066
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 08 31 2005
Transaction ID: SA11A1.20864
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **221.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 391 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Marionlee J Specter
Mailing Address 5286 Sell Road
City: New Tripoli | State: PA | Zip Code: 18066
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 245.00

Date of Receipt: 09 14 2005
Transaction ID: SA11A1.20865
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial)
Marionlee J Specter
Mailing Address 5286 Sell Road
City: New Tripoli | State: PA | Zip Code: 18066
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 09 28 2005
Transaction ID: SA11A1.20866
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial)
Marionlee J Specter
Mailing Address 5286 Sell Road
City: New Tripoli | State: PA | Zip Code: 18066
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 315.00

Date of Receipt: 10 12 2005
Transaction ID: SA11A1.20867
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 382 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Marjorilee J Specter
Mailing Address 5286 Sell Road
City: New Tripoli | State: PA | Zip Code: 18066
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 10 26 2005
Transaction ID: SA11A1.20868
Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial)
Marjorilee J Specter
Mailing Address 5286 Sell Road
City: New Tripoli | State: PA | Zip Code: 18066
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 385.00

Date of Receipt: 11 09 2005
Transaction ID: SA11A1.20869
Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial)
Marjorilee J Specter
Mailing Address 5286 Sell Road
City: New Tripoli | State: PA | Zip Code: 18066
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 420.00

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.20870
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 383 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Marjorilee J Specter
Mailing Address 5286 Sell Road
City: New Tripoli | State: PA | Zip Code: 18066
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 455.00

Date of Receipt: 12 07 2005
Transaction ID: SA11A1.20871
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial)
Marjorilee J Specter
Mailing Address 5286 Sell Road
City: New Tripoli | State: PA | Zip Code: 18066
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 490.00

Date of Receipt: 12 21 2005
Transaction ID: SA11A1.20872
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial)
Jennifer L Strickland
Mailing Address 5824 Waterloo Road
City: Centerville | State: OH | Zip Code: 45459
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.96

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.20952
Amount of Each Receipt this Period: 23.44

SUBTOTAL of Receipts This Page (optional) ▶ **93.44**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 384 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Jennifer L Strickland
Mailing Address 5824 Waterloo Road
City: Centerville | State: OH | Zip Code: 45459
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 234.40

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.20953
Amount of Each Receipt this Period: 23.44

B.
Full Name (Last, First, Middle Initial)
Jennifer L Strickland
Mailing Address 5824 Waterloo Road
City: Centerville | State: OH | Zip Code: 45459
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 257.84

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.20954
Amount of Each Receipt this Period: 23.44

C.
Full Name (Last, First, Middle Initial)
Jennifer L Strickland
Mailing Address 5824 Waterloo Road
City: Centerville | State: OH | Zip Code: 45459
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 281.28

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.20955
Amount of Each Receipt this Period: 23.44

SUBTOTAL of Receipts This Page (optional) ▶ **70.32**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 385 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jennifer L Strickland
Mailing Address 5824 Waterloo Road
City: Centerville | State: OH | Zip Code: 45459
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 304.72

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.20956
Amount of Each Receipt this Period: 23.44

B.
Full Name (Last, First, Middle Initial)
Jennifer L Strickland
Mailing Address 5824 Waterloo Road
City: Centerville | State: OH | Zip Code: 45459
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 328.18

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.20957
Amount of Each Receipt this Period: 23.44

C.
Full Name (Last, First, Middle Initial)
Jennifer L Strickland
Mailing Address 5824 Waterloo Road
City: Centerville | State: OH | Zip Code: 45459
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 351.60

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.20958
Amount of Each Receipt this Period: 23.44

SUBTOTAL of Receipts This Page (optional) ▶ **70.32**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 386 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jennifer L Strickland
Mailing Address 5824 Waterloo Road
City: Centerville | State: OH | Zip Code: 45459
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 375.04

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.20959
Amount of Each Receipt this Period: 23.44

B.
Full Name (Last, First, Middle Initial)
Jennifer L Strickland
Mailing Address 5824 Waterloo Road
City: Centerville | State: OH | Zip Code: 45459
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 398.48

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.20960
Amount of Each Receipt this Period: 23.44

C.
Full Name (Last, First, Middle Initial)
Jennifer L Strickland
Mailing Address 5824 Waterloo Road
City: Centerville | State: OH | Zip Code: 45459
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 421.92

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.20961
Amount of Each Receipt this Period: 23.44

SUBTOTAL of Receipts This Page (optional) ▶ **70.32**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 397 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Jennifer L Strickland
Mailing Address 5824 Waterloo Road
City: Centerville | State: OH | Zip Code: 45459
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 445.36

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.20982
Amount of Each Receipt this Period: 23.44

B.
Full Name (Last, First, Middle Initial)
Ms. Victoria Strom
Mailing Address 2067 Centerville
City: Victoria | State: IL | Zip Code: 61401
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: MMD
Receipt For:
Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.21628
Amount of Each Receipt this Period: -100.00
P/R W/H correction 6/29/05

C.
Full Name (Last, First, Middle Initial)
John L Thorp
Mailing Address 21620 Bellhaven Way
City: Estero | State: FL | Zip Code: 33928
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.21044
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ -56.56

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 388 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
John L Thorp
Mailing Address 21620 Belhaven Way
City: Estero | State: FL | Zip Code: 33928
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.21045
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
John L Thorp
Mailing Address 21620 Belhaven Way
City: Estero | State: FL | Zip Code: 33928
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.21046
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
John L Thorp
Mailing Address 21620 Belhaven Way
City: Estero | State: FL | Zip Code: 33928
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Executive Director
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.21047
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 389 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Bailey A Trammell Jr
Mailing Address 8 Ascot Ridge Court
City: Irmo | State: SC | Zip Code: 29063
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 10 26 2005
Transaction ID: SA11A1.21092
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
Bailey A Trammell Jr
Mailing Address 8 Ascot Ridge Court
City: Irmo | State: SC | Zip Code: 29063
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 11 09 2005
Transaction ID: SA11A1.21093
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial)
Bailey A Trammell Jr
Mailing Address 8 Ascot Ridge Court
City: Irmo | State: SC | Zip Code: 29063
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 11 23 2005
Transaction ID: SA11A1.21094
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 400 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Bailey A Trammell Jr
Mailing Address 8 Ascot Ridge Court
City: Irmo | State: SC | Zip Code: 29063
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 255.00

Date of Receipt: 12 07 2005
Transaction ID: SA11A1.21095
Amount of Each Receipt this Period: 15.00

B. Full Name (Last, First, Middle Initial)
Bailey A Trammell Jr
Mailing Address 8 Ascot Ridge Court
City: Irmo | State: SC | Zip Code: 29063
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00

Date of Receipt: 12 21 2005
Transaction ID: SA11A1.21096
Amount of Each Receipt this Period: 15.00

C. Full Name (Last, First, Middle Initial)
Mr. Rami Obeydi
Mailing Address 2842 Evergreen
City: Toledo | State: OH | Zip Code: 43606
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director of OPS Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 253.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.21109
Amount of Each Receipt this Period: 35.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 401 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Rami Ubaydi
Mailing Address 2842 Evergreen
City: Toledo | State: OH | Zip Code: 43606
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director of OPS Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 288.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.21110
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial)
Mr. Rami Ubaydi
Mailing Address 2842 Evergreen
City: Toledo | State: OH | Zip Code: 43606
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director of OPS Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 323.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.21111
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial)
Mr. Rami Ubaydi
Mailing Address 2842 Evergreen
City: Toledo | State: OH | Zip Code: 43606
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director of OPS Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 358.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.21112
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 402 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Rami Ubaydi
Mailing Address 2842 Evergreen
City: Toledo | State: OH | Zip Code: 43606
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director of OPS Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 393.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.21113
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial)
Mr. Rami Ubaydi
Mailing Address 2842 Evergreen
City: Toledo | State: OH | Zip Code: 43606
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director of OPS Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 428.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.21114
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial)
Mr. Rami Ubaydi
Mailing Address 2842 Evergreen
City: Toledo | State: OH | Zip Code: 43606
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director of OPS Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 463.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.21115
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 403 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Rami Ubaydi
Mailing Address 2842 Evergreen
City: Toledo | State: OH | Zip Code: 43606
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director of OPS Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 498.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.21116
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial)
Mr. Rami Ubaydi
Mailing Address 2842 Evergreen
City: Toledo | State: OH | Zip Code: 43606
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director of OPS Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 533.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.21117
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial)
Mr. Rami Ubaydi
Mailing Address 2842 Evergreen
City: Toledo | State: OH | Zip Code: 43606
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director of OPS Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 568.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.21118
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 404 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Rami Ubaydi
Mailing Address 2842 Evergreen
City: Toledo | State: OH | Zip Code: 43606
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director of OPS Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 603.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.21119
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial)
Mr. Rami Ubaydi
Mailing Address 2842 Evergreen
City: Toledo | State: OH | Zip Code: 43606
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director of OPS Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 638.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.21120
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial)
Mr. Rami Ubaydi
Mailing Address 2842 Evergreen
City: Toledo | State: OH | Zip Code: 43606
FEC ID number of contributing federal political committee: C
Name of Employer: HCR Manor Care, Inc.
Occupation: Director of OPS Support
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 673.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.21121
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 405 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Kim R Vesey
Mailing Address 3173 Indian Ripple Rd
City: Beavercreek | State: OH | Zip Code: 45440
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Division Director of Hospice
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 10 06 2005
Transaction ID: SA11A1.21159
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial)
Kim R Vesey
Mailing Address 3173 Indian Ripple Rd
City: Beavercreek | State: OH | Zip Code: 45440
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Division Director of Hospice
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 10 13 2005
Transaction ID: SA11A1.21160
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial)
Kim R Vesey
Mailing Address 3173 Indian Ripple Rd
City: Beavercreek | State: OH | Zip Code: 45440
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Division Director of Hospice
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.00

Date of Receipt: 10 20 2005
Transaction ID: SA11A1.21161
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **30.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 406 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Kim R Vesey
Mailing Address 3173 Indian Ripple Rd
City: Beavercreek | State: OH | Zip Code: 45440
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Division Director of Hospice
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 10 27 2005
Transaction ID: SA11A1.21162
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial)
Kim R Vesey
Mailing Address 3173 Indian Ripple Rd
City: Beavercreek | State: OH | Zip Code: 45440
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Division Director of Hospice
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 03 2005
Transaction ID: SA11A1.21163
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial)
Kim R Vesey
Mailing Address 3173 Indian Ripple Rd
City: Beavercreek | State: OH | Zip Code: 45440
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Division Director of Hospice
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 11 10 2005
Transaction ID: SA11A1.21164
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **30.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 407 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Kim R Vesey
Mailing Address 3173 Indian Ripple Rd
City: Beavercreek | State: OH | Zip Code: 45440
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Division Director of Hospice
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00

Date of Receipt: 11 17 2005
Transaction ID: SA11A1.21165
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial)
Kim R Vesey
Mailing Address 3173 Indian Ripple Rd
City: Beavercreek | State: OH | Zip Code: 45440
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Division Director of Hospice
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 11 23 2005
Transaction ID: SA11A1.21166
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial)
Kim R Vesey
Mailing Address 3173 Indian Ripple Rd
City: Beavercreek | State: OH | Zip Code: 45440
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Division Director of Hospice
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 290.00

Date of Receipt: 12 01 2005
Transaction ID: SA11A1.21167
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **30.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 408 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Kim R Vesey
Mailing Address 3173 Indian Ripple Rd
City: Beavercreek | State: OH | Zip Code: 45440
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Division Director of Hospice
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 12 08 2005
Transaction ID: SA11A1.21166
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial)
Kim R Vesey
Mailing Address 3173 Indian Ripple Rd
City: Beavercreek | State: OH | Zip Code: 45440
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Division Director of Hospice
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 310.00

Date of Receipt: 12 15 2005
Transaction ID: SA11A1.21169
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial)
Kim R Vesey
Mailing Address 3173 Indian Ripple Rd
City: Beavercreek | State: OH | Zip Code: 45440
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Division Director of Hospice
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 12 22 2005
Transaction ID: SA11A1.21170
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ **30.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 409 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Kim R Vesey
Mailing Address 3173 Indian Ripple Rd
City: Beavercreek | State: OH | Zip Code: 45440
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Division Director of Hospice
Receipt For: 2005 — X Primary — General — Other (specify)
Aggregate Year-to-Date: 330.00

Date of Receipt: 12 29 2005
Transaction ID: SA11A1.21171
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
Mr. Douglas Wenke
Mailing Address 13908 Pondview Road
City: Silver Spring | State: MD | Zip Code: 20905
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director of Health Planning
Receipt For: 2005 — X Primary — General — Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.21230
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
Mr. Douglas Wenke
Mailing Address 13908 Pondview Road
City: Silver Spring | State: MD | Zip Code: 20905
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director of Health Planning
Receipt For: 2005 — X Primary — General — Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.21231
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 410 / 465
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Douglas Wenke
Mailing Address 13908 Pondview Road
City: Silver Spring | State: MD | Zip Code: 20905
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director of Health Planning
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.21232
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Mr. Douglas Wenke
Mailing Address 13908 Pondview Road
City: Silver Spring | State: MD | Zip Code: 20905
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director of Health Planning
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.21233
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial)
Mr. Douglas Wenke
Mailing Address 13908 Pondview Road
City: Silver Spring | State: MD | Zip Code: 20905
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director of Health Planning
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.21234
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 411 / 465
(check only one)
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. Douglas Wanke
Mailing Address 13908 Pondview Road
City: Silver Spring | State: MD | Zip Code: 20905
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Director of Health Planning
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 440.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.21235
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
M Keith Weikel
Mailing Address Three River Hills Ln
City: Toledo | State: OH | Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Executive VP and COO
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1346.18

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.21271
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial)
M Keith Weikel
Mailing Address Three River Hills Ln
City: Toledo | State: OH | Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Executive VP and COO
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1538.46

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.21272
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶	424.60
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 412 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
M Keith Weikel
Mailing Address Three River Hills Ln
City: Toledo | State: OH | Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Executive VP and COO
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1730.76

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.21273
Amount of Each Receipt this Period: 192.30

B.
Full Name (Last, First, Middle Initial)
M Keith Weikel
Mailing Address Three River Hills Ln
City: Toledo | State: OH | Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Executive VP and COO
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1923.06

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.21274
Amount of Each Receipt this Period: 192.30

C.
Full Name (Last, First, Middle Initial)
M Keith Weikel
Mailing Address Three River Hills Ln
City: Toledo | State: OH | Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Executive VP and COO
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 2115.36

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.21275
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ **576.90**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 413 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
M Keith Weikel
Mailing Address Three River Hills Ln
City: Toledo | State: OH | Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Executive VP and COO
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 2307.66

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.21276
Amount of Each Receipt this Period: 192.30

B.
Full Name (Last, First, Middle Initial)
M Keith Weikel
Mailing Address Three River Hills Ln
City: Toledo | State: OH | Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Executive VP and COO
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 2499.98

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.21277
Amount of Each Receipt this Period: 192.30

C.
Full Name (Last, First, Middle Initial)
M Keith Weikel
Mailing Address Three River Hills Ln
City: Toledo | State: OH | Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Executive VP and COO
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 2692.28

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.21278
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ **576.90**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 414 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
M Keith Weikel
Mailing Address Three River Hills Ln
City: Toledo | State: OH | Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Executive VP and COO
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 2884.56

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.21279
Amount of Each Receipt this Period: 192.30

B.
Full Name (Last, First, Middle Initial)
M Keith Weikel
Mailing Address Three River Hills Ln
City: Toledo | State: OH | Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Executive VP and COO
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 3078.86

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.21280
Amount of Each Receipt this Period: 192.30

C.
Full Name (Last, First, Middle Initial)
M Keith Weikel
Mailing Address Three River Hills Ln
City: Toledo | State: OH | Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Executive VP and COO
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 3289.16

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.21281
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 415 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
M Keith Weikel
Mailing Address Three River Hills Ln
City: Toledo | State: OH | Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Executive VP and COO
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 3461.46

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.21282
Amount of Each Receipt this Period: 192.30

B.
Full Name (Last, First, Middle Initial)
M Keith Weikel
Mailing Address Three River Hills Ln
City: Toledo | State: OH | Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Sr Executive VP and COO
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 3653.76

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.21283
Amount of Each Receipt this Period: 192.30

C.
Full Name (Last, First, Middle Initial)
Candy L White
Mailing Address 3514 Sylvan Lane
City: Peoria | State: IL | Zip Code: 61615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.21312
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **409.60**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 416 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Candy L White
Mailing Address 3514 Sylvan Lane
City: Peoria | State: IL | Zip Code: 61615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.21313
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Candy L White
Mailing Address 3514 Sylvan Lane
City: Peoria | State: IL | Zip Code: 61615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.21314
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Candy L White
Mailing Address 3514 Sylvan Lane
City: Peoria | State: IL | Zip Code: 61615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.21315
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 417 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Candy L White
Mailing Address 3514 Sylvan Lane
City: Peoria | State: IL | Zip Code: 61615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 325.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.21316
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Candy L White
Mailing Address 3514 Sylvan Lane
City: Peoria | State: IL | Zip Code: 61615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.21317
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Candy L White
Mailing Address 3514 Sylvan Lane
City: Peoria | State: IL | Zip Code: 61615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.21318
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 418 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Candy L White
Mailing Address 3514 Sylvan Lane
City: Peoria | State: IL | Zip Code: 61615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.21319
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial)
Candy L White
Mailing Address 3514 Sylvan Lane
City: Peoria | State: IL | Zip Code: 61615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 425.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.21320
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial)
Candy L White
Mailing Address 3514 Sylvan Lane
City: Peoria | State: IL | Zip Code: 61615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.21321
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 419 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Candy L White
Mailing Address 3514 Sylvan Lane
City: Peoria | State: IL | Zip Code: 61615
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 475.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.21322
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Terrie J Wilkins
Mailing Address 208 South 32Nd Ave
City: Jacksonville Beach | State: FL | Zip Code: 32250
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Marketing Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.21358
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Terrie J Wilkins
Mailing Address 208 South 32Nd Ave
City: Jacksonville Beach | State: FL | Zip Code: 32250
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Marketing Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.21359
Amount of Each Receipt this Period: 20.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 420 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Terrie J Wilkins
Mailing Address 208 South 32Nd Ave
City: Jacksonville Beach | State: FL | Zip Code: 32250
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Marketing Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.21360
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Terrie J Wilkins
Mailing Address 208 South 32Nd Ave
City: Jacksonville Beach | State: FL | Zip Code: 32250
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Marketing Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 280.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.21361
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Terrie J Wilkins
Mailing Address 208 South 32Nd Ave
City: Jacksonville Beach | State: FL | Zip Code: 32250
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Marketing Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.21362
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 421 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Terrie J Wilkins
Mailing Address 208 South 32Nd Ave
City: Jacksonville Beach | State: FL | Zip Code: 32250
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Marketing Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.21363
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Terrie J Wilkins
Mailing Address 208 South 32Nd Ave
City: Jacksonville Beach | State: FL | Zip Code: 32250
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Marketing Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 340.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.21364
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Terrie J Wilkins
Mailing Address 208 South 32Nd Ave
City: Jacksonville Beach | State: FL | Zip Code: 32250
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Marketing Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.21365
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 422 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Terrie J Wilkins
Mailing Address 208 South 32Nd Ave
City: Jacksonville Beach | State: FL | Zip Code: 32250
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Regional Marketing Manager
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 360.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.21366
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Mr. Jessie Wolkowicz
Mailing Address 2009 Sleepy Hollow Drive
City: Arlington | State: TX | Zip Code: 76006
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 207.67

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.21413
Amount of Each Receipt this Period: 34.61

C. Full Name (Last, First, Middle Initial)
Mr. Jessie Wolkowicz
Mailing Address 2009 Sleepy Hollow Drive
City: Arlington | State: TX | Zip Code: 76006
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 242.28

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.21414
Amount of Each Receipt this Period: 34.61

SUBTOTAL of Receipts This Page (optional) ▶ **89.22**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 423 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Jessie Wolkowicz
Mailing Address 2009 Sleepy Hollow Drive
City: Arlington | State: TX | Zip Code: 76006
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 276.89

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.21415
Amount of Each Receipt this Period: 34.61

B.
Full Name (Last, First, Middle Initial)
Mr. Jessie Wolkowicz
Mailing Address 2009 Sleepy Hollow Drive
City: Arlington | State: TX | Zip Code: 76006
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 311.50

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.21416
Amount of Each Receipt this Period: 34.61

C.
Full Name (Last, First, Middle Initial)
Mr. Jessie Wolkowicz
Mailing Address 2009 Sleepy Hollow Drive
City: Arlington | State: TX | Zip Code: 76006
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.11

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.21417
Amount of Each Receipt this Period: 34.61

SUBTOTAL of Receipts This Page (optional) ▶ **103.83**

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 424 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Mr. Jessie Wolkowicz
Mailing Address 2009 Sleepy Hollow Drive
City: Arlington | State: TX | Zip Code: 76006
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 380.72

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.21418
Amount of Each Receipt this Period: 34.61

B. Full Name (Last, First, Middle Initial)
Mr. Jessie Wolkowicz
Mailing Address 2009 Sleepy Hollow Drive
City: Arlington | State: TX | Zip Code: 76006
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 415.33

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.21419
Amount of Each Receipt this Period: 34.61

C. Full Name (Last, First, Middle Initial)
Mr. Jessie Wolkowicz
Mailing Address 2009 Sleepy Hollow Drive
City: Arlington | State: TX | Zip Code: 76006
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 449.94

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.21420
Amount of Each Receipt this Period: 34.61

SUBTOTAL of Receipts This Page (optional) ▶	103.83
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 425 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Jessie Wollowicz
Mailing Address 2008 Sleepy Hollow Drive
City: Arlington | State: TX | Zip Code: 76006
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Regional Director of Operations
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 484.55

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.21421
Amount of Each Receipt this Period: 34.61

B.
Full Name (Last, First, Middle Initial)
Dan Wood
Mailing Address 2121 Richmond
City: Toledo | State: OH | Zip Code: 43607
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 408.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.21422
Amount of Each Receipt this Period: 58.00

C.
Full Name (Last, First, Middle Initial)
Dan Wood
Mailing Address 2121 Richmond
City: Toledo | State: OH | Zip Code: 43607
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 464.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.21423
Amount of Each Receipt this Period: 58.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.61**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 426 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Dan Wood
Mailing Address 2121 Richmond
City: Toledo | State: OH | Zip Code: 43607
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 522.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.21424
Amount of Each Receipt this Period: 58.00

B.
Full Name (Last, First, Middle Initial)
Dan Wood
Mailing Address 2121 Richmond
City: Toledo | State: OH | Zip Code: 43607
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 580.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.21425
Amount of Each Receipt this Period: 58.00

C.
Full Name (Last, First, Middle Initial)
Dan Wood
Mailing Address 2121 Richmond
City: Toledo | State: OH | Zip Code: 43607
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 638.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.21426
Amount of Each Receipt this Period: 58.00

SUBTOTAL of Receipts This Page (optional)	**174.00**
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 427 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Dan Wood
Mailing Address 2121 Richmond
City: Toledo | State: OH | Zip Code: 43607
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 696.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.21427
Amount of Each Receipt this Period: 58.00

B.
Full Name (Last, First, Middle Initial)
Dan Wood
Mailing Address 2121 Richmond
City: Toledo | State: OH | Zip Code: 43607
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 754.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.21428
Amount of Each Receipt this Period: 58.00

C.
Full Name (Last, First, Middle Initial)
Dan Wood
Mailing Address 2121 Richmond
City: Toledo | State: OH | Zip Code: 43607
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 812.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.21429
Amount of Each Receipt this Period: 58.00

SUBTOTAL of Receipts This Page (optional) ▶ **174.00**

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 428 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Dan Wood
Mailing Address 2121 Richmond
City: Toledo | State: OH | Zip Code: 43607
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 870.00
Date of Receipt: 11 02 2005
Transaction ID: SA11A1.21430
Amount of Each Receipt this Period: 58.00

B.
Full Name (Last, First, Middle Initial)
Dan Wood
Mailing Address 2121 Richmond
City: Toledo | State: OH | Zip Code: 43607
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 928.00
Date of Receipt: 11 16 2005
Transaction ID: SA11A1.21431
Amount of Each Receipt this Period: 58.00

C.
Full Name (Last, First, Middle Initial)
Dan Wood
Mailing Address 2121 Richmond
City: Toledo | State: OH | Zip Code: 43607
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 986.00
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.21432
Amount of Each Receipt this Period: 58.00

SUBTOTAL of Receipts This Page (optional) ▶ **174.00**

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 429 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Dan Wood
Mailing Address 2121 Richmond
City: Toledo | State: OH | Zip Code: 43607
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1044.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.21433
Amount of Each Receipt this Period: 58.00

B.
Full Name (Last, First, Middle Initial)
Dan Wood
Mailing Address 2121 Richmond
City: Toledo | State: OH | Zip Code: 43607
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Asst General Mgr
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 1102.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.21434
Amount of Each Receipt this Period: 58.00

C.
Full Name (Last, First, Middle Initial)
Mc Shemann Wood
Mailing Address 5 Aberfield Lane
City: Miamisburg | State: OH | Zip Code: 45342
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: RDD - Central Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 07 13 2005
Transaction ID: SA11A1.21435
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **166.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 430 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Sherriann Wood
Mailing Address 5 Aberfield Lane
City: Miamisburg | State: OH | Zip Code: 45342
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: RDD - Central Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.21436
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Ms Sherriann Wood
Mailing Address 5 Aberfield Lane
City: Miamisburg | State: OH | Zip Code: 45342
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: RDD - Central Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.21437
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Ms Sherriann Wood
Mailing Address 5 Aberfield Lane
City: Miamisburg | State: OH | Zip Code: 45342
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: RDD - Central Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 24 2005
Transaction ID: SA11A1.21438
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 431 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Sherriann Wood
Mailing Address 5 Aberfield Lane
City: Miamisburg | State: OH | Zip Code: 45342
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: RDO - Central Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.21439
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Ms Sherriann Wood
Mailing Address 5 Aberfield Lane
City: Miamisburg | State: OH | Zip Code: 45342
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: RDO - Central Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.21440
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Ms Sherriann Wood
Mailing Address 5 Aberfield Lane
City: Miamisburg | State: OH | Zip Code: 45342
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: RDO - Central Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 650.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.21441
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 432 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Ms Sherriann Wood
Mailing Address 5 Aberfield Lane
City: Miamisburg | State: OH | Zip Code: 45342
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: RDO - Central Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 700.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.21442
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Ms Sherriann Wood
Mailing Address 5 Aberfield Lane
City: Miamisburg | State: OH | Zip Code: 45342
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: RDO - Central Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.21443
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Ms Sherriann Wood
Mailing Address 5 Aberfield Lane
City: Miamisburg | State: OH | Zip Code: 45342
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: RDO - Central Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.21444
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 433 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms Sherriann Wood
Mailing Address 5 Aberfield Lane
City: Miamisburg | State: OH | Zip Code: 45342
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: RDO - Central Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 850.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.21445
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Ms Sherriann Wood
Mailing Address 5 Aberfield Lane
City: Miamisburg | State: OH | Zip Code: 45342
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: RDO - Central Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.21446
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Ms Sherriann Wood
Mailing Address 5 Aberfield Lane
City: Miamisburg | State: OH | Zip Code: 45342
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: RDO - Central Division Region 2
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 950.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.21447
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 434 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mondell Workman
Mailing Address 105 Boulis Drive
City: Haskins | State: OH | Zip Code: 43525
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.00
Date of Receipt: 07 27 2005
Transaction ID: SA11A1.21460
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Mondell Workman
Mailing Address 105 Boulis Drive
City: Haskins | State: OH | Zip Code: 43525
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 260.00
Date of Receipt: 08 10 2005
Transaction ID: SA11A1.21461
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Mondell Workman
Mailing Address 105 Boulis Drive
City: Haskins | State: OH | Zip Code: 43525
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 290.00
Date of Receipt: 08 24 2005
Transaction ID: SA11A1.21462
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 435 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Mondell Workman
Mailing Address 105 Boulis Drive
City: Haskins | State: OH | Zip Code: 43525
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 320.00
Date of Receipt: 09 07 2005
Transaction ID: SA11A1.21463
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Mondell Workman
Mailing Address 105 Boulis Drive
City: Haskins | State: OH | Zip Code: 43525
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 09 21 2005
Transaction ID: SA11A1.21464
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Mondell Workman
Mailing Address 105 Boulis Drive
City: Haskins | State: OH | Zip Code: 43525
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 380.00
Date of Receipt: 10 05 2005
Transaction ID: SA11A1.21465
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 436 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Mondell Workman
Mailing Address 105 Boulis Drive
City: Haskins | State: OH | Zip Code: 43525
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 410.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.21466
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Mondell Workman
Mailing Address 105 Boulis Drive
City: Haskins | State: OH | Zip Code: 43525
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 440.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.21467
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Mondell Workman
Mailing Address 105 Boulis Drive
City: Haskins | State: OH | Zip Code: 43525
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 470.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.21468
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 437 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Mondell Workman
Mailing Address 105 Boulis Drive
City: Haskins | State: OH | Zip Code: 43525
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.21469
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial)
Mondell Workman
Mailing Address 105 Boulis Drive
City: Haskins | State: OH | Zip Code: 43525
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 530.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.21470
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Mondell Workman
Mailing Address 105 Boulis Drive
City: Haskins | State: OH | Zip Code: 43525
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 560.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.21471
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 438 / 465
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Debora A Wright
Mailing Address 212 Nadia Michelle Court North
City: Jacksonville | State: FL | Zip Code: 32225
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.21479
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial)
Debora A Wright
Mailing Address 212 Nadia Michelle Court North
City: Jacksonville | State: FL | Zip Code: 32225
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.21480
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial)
Debora A Wright
Mailing Address 212 Nadia Michelle Court North
City: Jacksonville | State: FL | Zip Code: 32225
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 240.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.21481
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 439 / 465
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Debora A Wright
Mailing Address 212 Nadia Michelle Court North
City: Jacksonville | State: FL | Zip Code: 32225
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 255.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.21482
Amount of Each Receipt this Period: 15.00

B. Full Name (Last, First, Middle Initial)
Debora A Wright
Mailing Address 212 Nadia Michelle Court North
City: Jacksonville | State: FL | Zip Code: 32225
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 270.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.21483
Amount of Each Receipt this Period: 15.00

C. Full Name (Last, First, Middle Initial)
Debora A Wright
Mailing Address 212 Nadia Michelle Court North
City: Jacksonville | State: FL | Zip Code: 32225
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Admin Dir Of Nursing Serv
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 285.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.21484
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ **45.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 440 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Cynthia M Zalewski
Mailing Address 3845 Drummond Rd
City: Toledo | State: OH | Zip Code: 43613
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Senior Attorney
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 211.48

Date of Receipt: 09 07 2005
Transaction ID: SA11A1.21566
Amount of Each Receipt this Period: 19.22

B.
Full Name (Last, First, Middle Initial)
Cynthia M Zalewski
Mailing Address 3845 Drummond Rd
City: Toledo | State: OH | Zip Code: 43613
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Senior Attorney
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 230.70

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.21567
Amount of Each Receipt this Period: 19.22

C.
Full Name (Last, First, Middle Initial)
Cynthia M Zalewski
Mailing Address 3845 Drummond Rd
City: Toledo | State: OH | Zip Code: 43613
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Senior Attorney
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 249.92

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.21568
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ 57.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 441 / 465
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Cynthia M Zalewski
Mailing Address 3845 Drummond Rd
City: Toledo | State: OH | Zip Code: 43613
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Senior Attorney
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 269.14

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.21569
Amount of Each Receipt this Period: 19.22

B. Full Name (Last, First, Middle Initial)
Cynthia M Zalewski
Mailing Address 3845 Drummond Rd
City: Toledo | State: OH | Zip Code: 43613
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Senior Attorney
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 288.38

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.21570
Amount of Each Receipt this Period: 19.22

C. Full Name (Last, First, Middle Initial)
Cynthia M Zalewski
Mailing Address 3845 Drummond Rd
City: Toledo | State: OH | Zip Code: 43613
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Senior Attorney
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 307.58

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.21571
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ 57.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 442 / 465
(check only one)
X 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. Full Name (Last, First, Middle Initial)
Cynthia M Zalewski
Mailing Address 3845 Drummond Rd
City: Toledo | State: OH | Zip Code: 43613
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Senior Attorney
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 326.80
Date of Receipt: 11 30 2005
Transaction ID: SA11A1.21572
Amount of Each Receipt this Period: 19.22

B. Full Name (Last, First, Middle Initial)
Cynthia M Zalewski
Mailing Address 3845 Drummond Rd
City: Toledo | State: OH | Zip Code: 43613
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Senior Attorney
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 346.02
Date of Receipt: 12 14 2005
Transaction ID: SA11A1.21573
Amount of Each Receipt this Period: 19.22

C. Full Name (Last, First, Middle Initial)
Cynthia M Zalewski
Mailing Address 3845 Drummond Rd
City: Toledo | State: OH | Zip Code: 43613
FEC ID number of contributing federal political committee: C
Name of Employer: HCR ManorCare Inc.
Occupation: Senior Attorney
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 365.24
Date of Receipt: 12 28 2005
Transaction ID: SA11A1.21574
Amount of Each Receipt this Period: 19.22

SUBTOTAL of Receipts This Page (optional) ▶ 57.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 443 / 465
(check only one)
X 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.
Full Name (Last, First, Middle Initial)
Ms. Nancy Lee Zant
Mailing Address 6970 St. Edwards Loop
City: Fort Meyers | State: FL | Zip Code: 33912
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 220.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.21578
Amount of Each Receipt this Period: 55.00

B.
Full Name (Last, First, Middle Initial)
Ms. Nancy Lee Zant
Mailing Address 6970 St. Edwards Loop
City: Fort Meyers | State: FL | Zip Code: 33912
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 275.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.21579
Amount of Each Receipt this Period: 55.00

C.
Full Name (Last, First, Middle Initial)
Ms. Nancy Lee Zant
Mailing Address 6970 St. Edwards Loop
City: Fort Meyers | State: FL | Zip Code: 33912
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 330.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.21580
Amount of Each Receipt this Period: 55.00

SUBTOTAL of Receipts This Page (optional) ▶ **165.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 444 / 465
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms. Nancy Lee Zant
Mailing Address 6970 St. Edwards Loop
City: Fort Meyers | State: FL | Zip Code: 33912
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 385.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.21581
Amount of Each Receipt this Period: 55.00

B. Full Name (Last, First, Middle Initial)
Ms. Nancy Lee Zant
Mailing Address 6970 St. Edwards Loop
City: Fort Meyers | State: FL | Zip Code: 33912
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 440.00

Date of Receipt: 11 16 2005
Transaction ID: SA11A1.21582
Amount of Each Receipt this Period: 55.00

C. Full Name (Last, First, Middle Initial)
Ms. Nancy Lee Zant
Mailing Address 6970 St. Edwards Loop
City: Fort Meyers | State: FL | Zip Code: 33912
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 495.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.21583
Amount of Each Receipt this Period: 55.00

SUBTOTAL of Receipts This Page (optional) ▶ **165.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 445 / 465
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Nancy Lee Zant
Mailing Address 6970 St. Edwards Loop
City: Fort Meyers | State: FL | Zip Code: 33912
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 550.00

Date of Receipt: 12 14 2005
Transaction ID: SA11A1.21584
Amount of Each Receipt this Period: 55.00

B.
Full Name (Last, First, Middle Initial)
Ms. Nancy Lee Zant
Mailing Address 6970 St. Edwards Loop
City: Fort Meyers | State: FL | Zip Code: 33912
FEC ID number of contributing federal political committee: C
Name of Employer: HCR.ManorCare, Inc.
Occupation: Administrator
Receipt For: 2005
X Primary General
Other (specify)
Aggregate Year-to-Date: 605.00

Date of Receipt: 12 28 2005
Transaction ID: SA11A1.21585
Amount of Each Receipt this Period: 55.00

SUBTOTAL of Receipts This Page (optional) ▶	**110.00**
TOTAL This Period (last page this line number only) ▶	**51398.22**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 446 / 465
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
The Huntington National Bank
Mailing Address P.O. Box 5065
City: Cleveland | State: OH | Zip Code: 44101-0065
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 253.35

Date of Receipt: 07 29 2005
Transaction ID: SA17.16251
Amount of Each Receipt this Period: 39.34
Interest Income - July

B.
Full Name (Last, First, Middle Initial)
The Huntington National Bank
Mailing Address P.O. Box 5065
City: Cleveland | State: OH | Zip Code: 44101-0065
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 490.20

Date of Receipt: 08 03 2005
Transaction ID: SA17.16340
Amount of Each Receipt this Period: 236.85
Service Fee Refund from 3/15/05

C.
Full Name (Last, First, Middle Initial)
The Huntington National Bank
Mailing Address P.O. Box 5065
City: Cleveland | State: OH | Zip Code: 44101-0065
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 524.90

Date of Receipt: 08 31 2005
Transaction ID: SA17.16310
Amount of Each Receipt this Period: 34.70
Interest Income - August

SUBTOTAL of Receipts This Page (optional) ▶ **310.89**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 447 / 465
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
The Huntington National Bank
Mailing Address P.O. Box 5065
City: Cleveland | State: OH | Zip Code: 44101-0065
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 565.80

Date of Receipt: 09 30 2005
Transaction ID: SA17.16311
Amount of Each Receipt this Period: 40.90
Interest Income - Septemb-er

B.
Full Name (Last, First, Middle Initial)
The Huntington National Bank
Mailing Address P.O. Box 5065
City: Cleveland | State: OH | Zip Code: 44101-0065
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 606.54

Date of Receipt: 10 31 2005
Transaction ID: SA17.16312
Amount of Each Receipt this Period: 40.74
Interest Income - October

C.
Full Name (Last, First, Middle Initial)
The Huntington National Bank
Mailing Address P.O. Box 5065
City: Cleveland | State: OH | Zip Code: 44101-0065
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 651.37

Date of Receipt: 11 30 2005
Transaction ID: SA17.16313
Amount of Each Receipt this Period: 44.83
Interest Income - November

SUBTOTAL of Receipts This Page (optional) ▶ **126.47**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 448 / 465
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

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

Mailing Address P.O. Box 5065

City: Cleveland | State: OH | Zip Code: 44101-0065

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
712.30

Date of Receipt
12 31 2005

Transaction ID: SA17.16329

Amount of Each Receipt this Period
60.93

Interest Income - December

SUBTOTAL of Receipts This Page (optional) ▶ 60.93

TOTAL This Period (last page this line number only) ▶ 498.29

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
International Automated Transaction Services

Mailing Address 1304 Hornby Street

City: Vancouver | State: ZZ | Zip Code:

Purpose of Disbursement: Service Fees - July

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.16254
Date of Disbursement: 07 / 31 / 2005

Amount of Each Disbursement this Period: 3.30

B. Full Name (Last, First, Middle Initial)
International Automated Transaction Services

Mailing Address 1304 Hornby Street

City: Vancouver | State: ZZ | Zip Code:

Purpose of Disbursement: Service Fees - August

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.16263
Date of Disbursement: 08 / 31 / 2005

Amount of Each Disbursement this Period: 9.89

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

Mailing Address P.O. Box 5065

City: Cleveland | State: OH | Zip Code: 44101-0065

Purpose of Disbursement: Other Service Fees - July

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.16250
Date of Disbursement: 07 / 15 / 2005

Amount of Each Disbursement this Period: 71.88

SUBTOTAL of Disbursements This Page (optional) ▶ **85.07**

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

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

Mailing Address P.O. Box 5065

City: Cleveland | State: OH | Zip Code: 44101-0065

Purpose of Disbursement: Other Service Fees - August

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.16264
Date of Disbursement: 08 / 15 / 2005

Amount of Each Disbursement this Period: 52.20

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

Mailing Address P.O. Box 5065

City: Cleveland | State: OH | Zip Code: 44101-0065

Purpose of Disbursement: Other Service Fees - September

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.16278
Date of Disbursement: 09 / 15 / 2005

Amount of Each Disbursement this Period: 41.48

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

Mailing Address P.O. Box 5065

City: Cleveland | State: OH | Zip Code: 44101-0065

Purpose of Disbursement: Other Service Fees - October

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.16279
Date of Disbursement: 10 / 17 / 2005

Amount of Each Disbursement this Period: 40.40

SUBTOTAL of Disbursements This Page (optional) ▶ **134.08**

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

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

Mailing Address P.O. Box 5065

City: Cleveland | State: OH | Zip Code: 44101-0065

Purpose of Disbursement
Other Service Fees - November

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.16280
Date of Disbursement: 11 / 15 / 2005

Amount of Each Disbursement this Period
41.98

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

Mailing Address P.O. Box 5065

City: Cleveland | State: OH | Zip Code: 44101-0065

Purpose of Disbursement
Other Service Fees - December

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.16328
Date of Disbursement: 12 / 15 / 2005

Amount of Each Disbursement this Period
41.16

SUBTOTAL of Disbursements This Page (optional) ▶	83.12
TOTAL This Period (last page this line number only) ▶	302.27

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF MAX BAUCUS

Mailing Address 818 Connecticut Avenue NW
Suite 100

City: Washington | State: DC | Zip Code: 20006

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: MT District: 00

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.16249
Date of Disbursement: 07 / 20 / 2005

Amount of Each Disbursement this Period: 4000.00

B.
Full Name (Last, First, Middle Initial)
KLEIN FOR CONGRESS

Mailing Address 301 Yamato Road
Suite 2196

City: BOCA RATON | State: FL | Zip Code: 33433

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: FL District: 22

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.16314
Date of Disbursement: 12 / 14 / 2005

Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
McCrery for Congress

Mailing Address 1900 CNB Tower
333 Texas Street

City: Shreveport | State: LA | Zip Code: 71101

Purpose of Disbursement: Void of contribution dated 5/21/1999

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: LA District: 04

Disbursement For: 2000
X Primary / General / Other (specify)

Transaction ID: SB23.16333
Date of Disbursement: 12 / 14 / 2005

Amount of Each Disbursement this Period: -1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
NATHAN DEAL FOR CONGRESS

Mailing Address 4775 Clarks Bridge Road

City: GAINESVILLE | State: GA | Zip Code: 30506

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: X House ☐ Senate ☐ President

State: GA District: 10

Disbursement For: 2006 X Primary ☐ General ☐ Other (specify)

Transaction ID: SB23.16276
Date of Disbursement: 09 / 14 / 2005

Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial)
PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION COMMITTEE (PHILPAC)

Mailing Address 104 Hume Avenue

City: Alexandria | State: VA | Zip Code: 22301

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: 2006 X Primary ☐ General ☐ Other (specify)

Transaction ID: SB23.16286
Date of Disbursement: 09 / 26 / 2005

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
PRYCE FOR CONGRESS

Mailing Address 145 E. Rich Street

City: Columbus | State: OH | Zip Code: 43215

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: X House ☐ Senate ☐ President

State: OH District: 15

Disbursement For: 2006 X Primary ☐ General ☐ Other (specify)

Transaction ID: SB23.16290
Date of Disbursement: 09 / 30 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE 454 / 465

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
PRYCE Project

Mailing Address 611 Pennsylvania Avenue SE #42

City Washington | State DC | Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: House ☐ Senate ☐ President ☐ | State: District:

Disbursement For: Primary ☐ General ☐ Other (specify) ☐

Transaction ID: SB23.16248
Date of Disbursement 07 / 08 / 2005

Amount of Each Disbursement this Period
5000.00

B. Full Name (Last, First, Middle Initial)
RON LEWIS FOR CONGRESS

Mailing Address PO Box 307

City Elizabethtown | State KY | Zip Code 42702

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: X House ☐ Senate ☐ President ☐ | State: KY District: 02

Disbursement For: 2006 X Primary ☐ General ☐ Other (specify) ☐

Transaction ID: SB23.16275
Date of Disbursement 09 / 13 / 2005

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Upton for All of Us

Mailing Address 104 Hume Avenue

City Alexandria | State VA | Zip Code 22301

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: House ☐ Senate ☐ President ☐ | State: District:

Disbursement For: 2006 X Primary ☐ General ☐ Other (specify) ☐

Transaction ID: SB23.16295
Date of Disbursement 09 / 16 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Wilson for Congress

Mailing Address P.O. BOX 14070

City: ALBUQUERQUE
State: NM
Zip Code: 87191

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: NM District: 01

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.16269
Date of Disbursement: 08 / 25 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	15500.00

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☒ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

PAGE 456 / 465

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Ms. Sally Banulis

Mailing Address 31 Avondale Avenue

City: Haddonfield
State: NJ
Zip Code: 08033

Purpose of Disbursement
Refund of contribution made 5/24/2005

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB28A.16339
Date of Disbursement: 08 / 17 / 2005

Amount of Each Disbursement this Period: 1200.00

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶	1200.00

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Charlie Crist for Governor

Mailing Address 10130 Northlake Blvd.
Suite 214-311

City: West Palm Beach | State: FL | Zip Code: 33412

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.16288
Date of Disbursement: 09 / 27 / 2005

Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Citizens for Dale A. Righter Illinois State Senate

Mailing Address P.O. Box 348

City: Charleston | State: IL | Zip Code: 61920

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.16296
Date of Disbursement: 10 / 10 / 2005

Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Citizens for Gardner Committee

Mailing Address 431 N. Prospect St.

City: Bowling Green | State: OH | Zip Code: 43402

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☒ Senate ☐ President
State: OH District: 2

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.16302
Date of Disbursement: 11 / 16 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **2000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b	

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Citizens for Jim Petro

Mailing Address 211 South 5th Street

City: Columbus | State: OH | Zip Code: 43215

Purpose of Disbursement: Contribution

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Category/ Type

Transaction ID: SB29.16247
Date of Disbursement: 07 / 05 / 2005

Amount of Each Disbursement this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Citizens for Josh Mandel

Mailing Address 2119 Cottingham Drive

City: Lyndhurst | State: OH | Zip Code: 44124

Purpose of Disbursement: Contribution

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Category/ Type

Transaction ID: SB29.16267
Date of Disbursement: 08 / 24 / 2005

Amount of Each Disbursement this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Citizens for Wagoner

Mailing Address 3331 Pelham Road

City: Ottawa Hills | State: OH | Zip Code: 43606

Purpose of Disbursement: Contribution

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Category/ Type

Transaction ID: SB29.16305
Date of Disbursement: 12 / 06 / 2005

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **1100.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b	

PAGE 459 / 465

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Citizens to Elect James M. Hoops

Mailing Address 114 Cedarbrook Drive

City: Ottawa | State: OH | Zip Code: 45875

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: House ☐ Senate ☐ President ☐ State: District:

Disbursement For: Primary ☐ General ☐ Other (specify) ☐

Transaction ID: SB29.16327
Date of Disbursement: 12 / 20 / 2005

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Committee to Elect Bob Latta

Mailing Address 300 North Main Street

City: Bowling Green | State: OH | Zip Code: 43402

Purpose of Disbursement: Void of contribution made 10/03/2002

Candidate Name

Category/ Type

Office Sought: House ☐ Senate ☐ President ☐ State: District:

Disbursement For: 2002 Primary ☐ X General ☐ Other (specify) ☐

Transaction ID: SB29.16336
Date of Disbursement: 12 / 14 / 2005

Amount of Each Disbursement this Period: -500.00

C. Full Name (Last, First, Middle Initial)
Committee to Elect Doug White

Mailing Address 18877 State Route 136

City: Winchester | State: OH | Zip Code: 45697

Purpose of Disbursement: Void of contribution made 1/15/2000

Candidate Name

Category/ Type

Office Sought: House ☐ Senate ☐ President ☐ State: District:

Disbursement For: 2000 X Primary ☐ General ☐ Other (specify) ☐

Transaction ID: SB29.16334
Date of Disbursement: 12 / 14 / 2005

Amount of Each Disbursement this Period: -1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **-500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b	

PAGE 460 / 465

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Committee to Elect Michelle Schneider

Mailing Address 8198 Maxfield Lane

City: Cincinnati | State: OH | Zip Code: 45243

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: ☒ House ☐ Senate ☐ President

State: OH District: 35

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.16307
Date of Disbursement: 12 / 06 / 2005

Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dan Rutherford Campaign Committee

Mailing Address 220 West Howard Street

City: Pontiac | State: IL | Zip Code: 61764

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☒ Senate ☐ President

State: IL District: 53

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.16300
Date of Disbursement: 11 / 08 / 2005

Amount of Each Disbursement this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Friends of Dale Miller

Mailing Address 4300 West 143rd Street

City: Cleveland | State: OH | Zip Code: 44135

Purpose of Disbursement: Void of contribution made 03/03/2005

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.16337
Date of Disbursement: 12 / 15 / 2005

Amount of Each Disbursement this Period: -400.00

SUBTOTAL of Disbursements This Page (optional) ▶ **400.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b	

PAGE 461 / 465

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Friends of Ed Herman

Mailing Address 19885 Detroit Road #299

City: Rocky River | State: OH | Zip Code: 44116

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.16265
Date of Disbursement: 08 / 24 / 2005

Amount of Each Disbursement this Period: 300.00

B.
Full Name (Last, First, Middle Initial)
Friends of Ed Herman

Mailing Address 19885 Detroit Road #299

City: Rocky River | State: OH | Zip Code: 44116

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.16292
Date of Disbursement: 10 / 04 / 2005

Amount of Each Disbursement this Period: 400.00

C.
Full Name (Last, First, Middle Initial)
Friends of Gloria Lawlah

Mailing Address P.O. Box 917

City: Oxon Hill | State: MD | Zip Code: 20750

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.16256
Date of Disbursement: 08 / 10 / 2005

Amount of Each Disbursement this Period: 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **2200.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26	
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PAGE 462 / 465

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Friends of Mike Busch

Mailing Address P.O. Box 2241

City: Annapolis | State: MD | Zip Code: 21404

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: MD District: 30

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB29.16301
Date of Disbursement: 11 / 11 / 2005

Amount of Each Disbursement this Period: 2000.00

B.
Full Name (Last, First, Middle Initial)
Friends of Pete Hammen

Mailing Address 821 South Grundy Street

City: Baltimore | State: MD | Zip Code: 21224

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB29.16273
Date of Disbursement: 09 / 09 / 2005

Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Friends of Pete Hammen

Mailing Address 821 South Grundy Street

City: Baltimore | State: MD | Zip Code: 21224

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB29.16274
Date of Disbursement: 09 / 13 / 2005

Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3250.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26	
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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial)
Friends of Tom Raga

Mailing Address 7700 Brook Farm Court

City: Mason | State: OH | Zip Code: 45040

Purpose of Disbursement: Contribution

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President — State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.16283
Date of Disbursement: 09 / 20 / 2005

Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Husted for State Representative

Mailing Address 148 Sherbrooke Drive

City: Kettering | State: OH | Zip Code: 45429

Purpose of Disbursement: Contribution

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President — State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.16282
Date of Disbursement: 09 / 20 / 2005

Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Keystone Leader's PAC

Mailing Address P.O. Box 506

City: Harrisburg | State: PA | Zip Code: 17108

Purpose of Disbursement: Contribution

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President — State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.16297
Date of Disbursement: 10 / 24 / 2005

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26	
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PAGE 464 / 465

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
Marylanders for Miller

Mailing Address P.O. Box 219

City: Clinton | State: MD | Zip Code: 20735

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.16285
Date of Disbursement: 09 / 21 / 2005

Amount of Each Disbursement this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Marylanders for Miller

Mailing Address P.O. Box 219

City: Clinton | State: MD | Zip Code: 20735

Purpose of Disbursement: Contribution

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.16294
Date of Disbursement: 10 / 21 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	**2000.00**
TOTAL This Period (last page this line number only) ▶	**14950.00**

26970042277

Form/Schedule: SA17
Transaction ID: SA17.16340

The Bank charged us a sevice fee of 305.75 on 3/15/05 which we reported on the 2005 mid year report. This is a refund of the overcharge from that service fee.