# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

HCR MANOR CARE PAC

ADDRESS (number and street) ▼

333 NORTH SUMMIT STREET

16TH FLOOR

☐ Check if different than previously reported. (ACC)

TOLEDO | OH | 43604 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00260141

3. IS THIS REPORT ☒ 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)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

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

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

Election on MM / DD / YYYY in the State of

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

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2016 through 09 / 30 / 2016

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 Jackson, Kevin, , Mr.,

Signature of Treasurer *Jackson, Kevin, , Mr.,* ***[Electronically Filed]*** Date 10 / 12 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)



Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, 2016 | | 5174.94 |
| (b) Cash on Hand at Beginning of Reporting Period | 23086.07 | |
| (c) Total Receipts (from Line 19) | 27516.07 | 106378.98 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 50602.14 | 111553.92 |
| 7. Total Disbursements (from Line 31) | 44614.98 | 105566.76 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 5987.16 | 5987.16 |
| 9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

**For further information contact:**

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

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

# DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)



Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

| 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) | 23475.38 | 85542.53 |
| (ii) Unitemized | 3040.69 | 17336.18 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶ | 26516.07 | 102878.71 |
| (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) ▶ | 26516.07 | 102878.71 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 1000.00 | 3500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.27 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶ | 27516.07 | 106378.98 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶ | 27516.07 | 106378.98 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)



| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 15.00 | 466.78 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ | 15.00 | 466.78 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 40000.00 | 84250.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) | 0.00 | 0.00 |
| 26. Loan Repayments Made | 0.00 | 0.00 |
| 27. Loans Made | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶ | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations) | 4599.98 | 20849.98 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶ | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 44614.98 | 105566.76 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶ | 44614.98 | 105566.76 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)



| 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) | 26516.07 | 102878.71 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 26516.07 | 102878.71 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 15.00 | 466.78 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶ | 15.00 | 466.78 |

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

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Allen, Martin D, , ,

Mailing Address 7151 Whispering Oak

City: Sylvania | State: OH | Zip Code: 43560

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): AVP / Dir Internal Aud & Risk

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.83

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40505**

Amount of Each Receipt this Period: 1153.86

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bauerschmidt, Lynne M, , ,

Mailing Address 7060 Middlebury

City: Lambertville | State: MI | Zip Code: 48144

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): Internal Training Lead

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40509**

Amount of Each Receipt this Period: 210.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Beckert, Julie, , Ms,

Mailing Address 3911 Buell

City: Toledo | State: OH | Zip Code: 43613

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Director of Marketing

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 730.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40510**

Amount of Each Receipt this Period: 240.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1603.86

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bierce, Daniel, t, ,

Mailing Address 1824 Butz Road

City: Mertztown | State: PA | Zip Code: 19539

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 207.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40514**

Amount of Each Receipt this Period: 138.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Byrne, Charlie, , ,

Mailing Address 4685 Rio Poco Ct

City: Naples | State: FL | Zip Code: 34109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR. Manor Care, Inc
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 820.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40517**

Amount of Each Receipt this Period: 240.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carpino, Joseph, , ,

Mailing Address 2200 Crooks Road #23

City: Troy | State: MI | Zip Code: 48084

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 324.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40519**

Amount of Each Receipt this Period: 115.50

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 493.50

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Csaszar, Deborah, , Ms,

Mailing Address 3715 Spear St.

City: Bethlehem | State: PA | Zip Code: 18020

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Managed Care Consultant - Eastern

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40522**

Amount of Each Receipt this Period: 60.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Curry, Denise, F, ,

Mailing Address 503 Vilsack Road

City: Allegheny | State: PA | Zip Code: 15116

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR. Manor Care, Inc
Occupation (for Individual): Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1216.00

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40523**

Amount of Each Receipt this Period: 384.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dorsey, Sherry, L, ,

Mailing Address 602 South Hoffert Street

City: Bethlehem | State: PA | Zip Code: 18015

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Director of Nursing

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 217.60

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40529**

Amount of Each Receipt this Period: 112.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 556.00

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Emmett, Linda J, , ,

Mailing Address 10408 Meadowlark Ct. East

City: Bonney Lake | State: WA | Zip Code: 98391

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): Regional Director of Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 845.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40532**

Amount of Each Receipt this Period: 180.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Evans, Lisa, , ,

Mailing Address 24013 22nd Ave West

City: Bothell | State: WA | Zip Code: 98021

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40534**

Amount of Each Receipt this Period: 150.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ferguson, R Michael, , ,

Mailing Address 2450 Underhill Rd

City: Toledo | State: OH | Zip Code: 43615

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): VP & Dir of Purchasing

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40535**

Amount of Each Receipt this Period: 450.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 780.00

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fisher, Suzanne L, , ,

Mailing Address 1504 Old Bernville Road

City: Leesport | State: PA | Zip Code: 19533

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Admin Director of Nursing Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40536**

Amount of Each Receipt this Period: 120.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flannigan, Laura, L, ,

Mailing Address 1700 Argonne Dr.

City: Concord | State: CA | Zip Code: 94518

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40537**

Amount of Each Receipt this Period: 175.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fluhart, Lisa, A, ,

Mailing Address 5780 Oriole Court

City: Mentor | State: OH | Zip Code: 44060

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40538**

Amount of Each Receipt this Period: 120.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 415.00

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Frill, George, , ,

Mailing Address 2006 Hale Ct

City: Wyomiseing | State: PA | Zip Code: 19610

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Administrator - Laureldale

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 332.40

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40540**

Amount of Each Receipt this Period: 126.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gladieux, Cynthia, , ,

Mailing Address 30441 Cedar Valley Dr

City: Northwood | State: OH | Zip Code: 43619

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 564.30

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40541**

Amount of Each Receipt this Period: 307.80

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Grabijas, Leonard, , Mr.,

Mailing Address 2682 Ravine Side North

City: Howell | State: MI | Zip Code: 48843

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, LLC.
Occupation (for Individual): VP Sales & Mkting

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 807.66

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40543**

Amount of Each Receipt this Period: 346.14

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 779.94

**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: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gray, Lisa, , ,

Mailing Address 1084 North Washington Street

City: Pottstown | State: PA | Zip Code: 19464

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 303.26

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40545**

Amount of Each Receipt this Period: 97.80

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griesmer, Lisa, , Ms,

Mailing Address 12125 Summerwood Dr

City: Concord Twp | State: OH | Zip Code: 44077

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HCR Manor Care, LLC.
Occupation (for Individual): Assistant Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40546**

Amount of Each Receipt this Period: 120.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gross, Brian, , ,

Mailing Address 1392 Lucerne Dr

City: Crystal Lake | State: IL | Zip Code: 60014

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): Sr Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40547**

Amount of Each Receipt this Period: 300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 517.80

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

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

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hash, Alan, , Mr.,

Mailing Address 9496 South Dunbar Circle

City: South Jordan | State: UT | Zip Code: 84095

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.

Occupation (for Individual): Regional Director - Western Division 5

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 09 / 30 / 2016

**Transaction ID : SA11AI.40551**

Amount of Each Receipt this Period: 600.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hilgenberg, Deborah Cox, , ,

Mailing Address 74-062 Scholar Lane W

City: Palm Desert | State: CA | Zip Code: 92211

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare Inc.

Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 703.50

Date of Receipt: 09 / 30 / 2016

**Transaction ID : SA11AI.40552**

Amount of Each Receipt this Period: 225.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hoch, Jenna, K, ,

Mailing Address 2428 Gramm Road

City: Pennsburg | State: PA | Zip Code: 18073

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare

Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 281.60

Date of Receipt: 09 / 30 / 2016

**Transaction ID : SA11AI.40554**

Amount of Each Receipt this Period: 91.80

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 916.80

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hollins, Sharon E, , ,

Mailing Address 3311 Gallatin Rd

City: Toledo | State: OH | Zip Code: 43606

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): Assistant General Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 02 / 2016
**Transaction ID : SA11AI.40478**

Amount of Each Receipt this Period: 2000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hood, Lynn M, , ,

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 (for Individual): HCR ManorCare Inc.
Occupation (for Individual): Asst General Mgr

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1742.25

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40555**

Amount of Each Receipt this Period: 576.90

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hooper, William, Stephen, ,

Mailing Address 5045 Bomford Drive

City: Keller | State: TX | Zip Code: 76244

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 324.50

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40556**

Amount of Each Receipt this Period: 177.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 2753.90

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Huber, John, , Mr.,

Mailing Address 26448 Carronade Drive

City: Perrysburg | State: OH | Zip Code: 43551

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR.ManorCare, Inc.
Occupation (for Individual): Regional Director of Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40557**

Amount of Each Receipt this Period: 180.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hykes, Jonathon, , ,

Mailing Address 410 Riviera Drive

City: Blandon | State: PA | Zip Code: 19510

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40558**

Amount of Each Receipt this Period: 151.20

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jablon, Rebecca S, , ,

Mailing Address 3349 Fairbanks Ave

City: TOLEDO | State: OH | Zip Code: 43615

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): Admin Dir Of Nursing Serv

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40560**

Amount of Each Receipt this Period: 300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 631.20

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jannazo, Frank, , Mr.,

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 (for Individual): HCR.ManorCare, Inc.

Occupation (for Individual): Director Accounts Receivable

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 489.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40563**

Amount of Each Receipt this Period: 156.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Cathleen, , ,

Mailing Address 543 S. Perkey Rd.

City: Charlotte | State: MI | Zip Code: 48813

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HCR Manor Care, Inc.

Occupation (for Individual): Division Rehab Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40565**

Amount of Each Receipt this Period: 90.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Diane, , Ms,

Mailing Address 206 Ruth Road

City: Fleetwood | State: PA | Zip Code: 19522

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HCR.ManorCare, Inc.

Occupation (for Individual): Regional Director of Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1297.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40566**

Amount of Each Receipt this Period: 408.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 654.00

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Nicholas B, , ,

Mailing Address 3106 Ashburn Lane

City: Pasadena | State: MD | Zip Code: 21122

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Admission Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 448.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40567**

Amount of Each Receipt this Period: 140.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Julius, Robert, G, ,

Mailing Address 3321 Pelham Rd

City: Ottawa Hills | State: OH | Zip Code: 43606

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Mgr. Business Office Process Dev.

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1689.24

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40569**

Amount of Each Receipt this Period: 540.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kaczor, Elizabeth M, , ,

Mailing Address 1689 Rauch Rd

City: Temperance | State: MI | Zip Code: 48182

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): AVP HR Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40570**

Amount of Each Receipt this Period: 300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 980.00

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Karling-Lott, Linda, , ,

Mailing Address 4361 Conrwallis Ct

City: Marietta | State: GA | Zip Code: 30068

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 449.40

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40572**

Amount of Each Receipt this Period: 262.15

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Keefer, Rodney, S, ,

Mailing Address 15126 Ridgeview Dr

City: Clive | State: IA | Zip Code: 50325

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 448.05

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40574**

Amount of Each Receipt this Period: 175.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kieu, Triet, , ,

Mailing Address 19758 Segovia Lane

City: Yorba Linda | State: CA | Zip Code: 92886

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40575**

Amount of Each Receipt this Period: 252.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 689.15

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kondolf-Harmer, Kathryn C, , ,

Mailing Address 6421 Crews Lake Hills Loop West

City: Lakeland | State: FL | Zip Code: 33813

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40576**

Amount of Each Receipt this Period: 70.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kruzel, Mark, , ,

Mailing Address 26215 Black Oak Ct

City: Perrysburg | State: OH | Zip Code: 43551

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Accounting Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40577**

Amount of Each Receipt this Period: 120.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lekawa, Elliot, , Mr.,

Mailing Address 13690 Highland Springs Ct

City: Wichita | State: KS | Zip Code: 67235

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, LLC.
Occupation (for Individual): RDO

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 888.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40582**

Amount of Each Receipt this Period: 288.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 478.00

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leonard, Timothy, , ,

Mailing Address 26420 Ft Meigs Rd

City: Perrysburg | State: OH | Zip Code: 43551

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): Divisional Director of Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40583**

Amount of Each Receipt this Period: 90.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lube, Diane, , ,

Mailing Address 1830 Essex Pl

City: Downers Grove | State: IL | Zip Code: 60516

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40584**

Amount of Each Receipt this Period: 180.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lucas, Tara, K, ,

Mailing Address 3366 SE Summer Place

City: Port Orchard | State: WA | Zip Code: 98366

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): HCR Manor Care
Occupation (for Individual): Case Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 211.20

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40586**

Amount of Each Receipt this Period: 105.60

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 375.60

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marrero, Katherine, R, ,

Mailing Address 1216 North Main Street

City: Naperville | State: IL | Zip Code: 60563

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Assistant Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 485.60

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40588**

Amount of Each Receipt this Period: 242.20

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mastel, Frances, , ,

Mailing Address 1807 Derian Drive

City: Aberdeen | State: SD | Zip Code: 57401

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40593**

Amount of Each Receipt this Period: 90.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mastrangelo (Howells), Janet, , Ms.,

Mailing Address 266 Crossing Creek North

City: Gahanna | State: OH | Zip Code: 43230

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR.ManorCare, Inc.
Occupation (for Individual): Assistant Vice President of Rehab

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1294.00

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40594**

Amount of Each Receipt this Period: 420.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 752.20

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

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Matelan, Jill, , ,

Mailing Address 312 N. Franklin St

City: Fleetwood | State: PA | Zip Code: 19522

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc
Occupation (for Individual): Administrator - Sinking Spring

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40595**

Amount of Each Receipt this Period: 150.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mercier, Murry, , ,

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 (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): VP - Information Systems

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3610.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40600**

Amount of Each Receipt this Period: 1140.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moser, Brooke, , ,

Mailing Address 1404 Riverwalk Court

City: Waterville | State: OH | Zip Code: 43566

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): Regional Marketing Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40603**

Amount of Each Receipt this Period: 240.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1530.00

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

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moser, Robert, , ,

Mailing Address 1404 Riverwalk Court

City: Waterville | State: OH | Zip Code: 43566

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): Manager Employee Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 464.63

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40604**

Amount of Each Receipt this Period: 180.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nation, Joylin, , Ms,

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 (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Senior Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40608**

Amount of Each Receipt this Period: 230.76

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nealon, Robert, K, ,

Mailing Address 107 Sibley Avenue

City: Taylor | State: PA | Zip Code: 18517

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 492.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40609**

Amount of Each Receipt this Period: 120.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 530.76

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

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

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Neill, Eric, , ,

Mailing Address 4009 East Braeburn Dr

City: Appleton | State: WI | Zip Code: 54913

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Regional Director of Operation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40614**

Amount of Each Receipt this Period: 240.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ohm, Leslie, , Ms,

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 (for Individual): HCR.ManorCare, Inc.
Occupation (for Individual): Regional Director of Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1321.53

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40613**

Amount of Each Receipt this Period: 415.38

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Otterbeck, Patricia, A, ,

Mailing Address 2445 Madiera Lane

City: Buffalo Grove | State: IL | Zip Code: 60089

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 347.42

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40616**

Amount of Each Receipt this Period: 115.20

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 770.58

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

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

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Parker, David, , Mr.,

Mailing Address 2154 Tremont Road

City: Columbus | State: OH | Zip Code: 43212

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR.ManorCare, Inc.
Occupation (for Individual): VP Assistant General Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40617**

Amount of Each Receipt this Period: 624.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Parr II, Richard A, , ,

Mailing Address 2253 Gray Fox Court

City: Ann Arbor | State: MI | Zip Code: 48103

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): VP - General Counsel & Secretary

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40618**

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Perry, Brian, W, ,

Mailing Address 3 Exmoor

City: Toledo | State: OH | Zip Code: 43615

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): AVP-Government Relations

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40619**

Amount of Each Receipt this Period: 600.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 2424.00

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

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

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Peterson, Tracy, L, ,

Mailing Address 6865 Poplar Drive

City: Ypsilanti | State: MI | Zip Code: 48197

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40620**

Amount of Each Receipt this Period: 168.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Postlewait, Douglas, M, ,

Mailing Address 656 Wilson Ave SW

City: Grand Rapids | State: MI | Zip Code: 49534

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40623**

Amount of Each Receipt this Period: 450.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reed, Michael J, , ,

Mailing Address 3899 Midshore Drive

City: Naples | State: FL | Zip Code: 34109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): VP Assisted Living Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 576.90

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40628**

Amount of Each Receipt this Period: 230.76

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 848.76

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

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

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Richards, Patricia B, , ,

Mailing Address P.O. Box 754

City: Shady Spring | State: WV | Zip Code: 25918

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Area Human Resource Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40630**

Amount of Each Receipt this Period: 210.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rodgers, Damian M, , ,

Mailing Address 4647 Calico Court

City: Monclova | State: OH | Zip Code: 43542

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Legal Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 905.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40669**

Amount of Each Receipt this Period: 300.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roth, David R, , ,

Mailing Address 5257 Bentwood Drive

City: Mason | State: OH | Zip Code: 45040

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): Director Of Planning

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 925.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40632**

Amount of Each Receipt this Period: 294.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 804.00

**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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rump, Rick, , Mr.,

Mailing Address 2423 Heather Glen

City: Maumee | State: OH | Zip Code: 43537

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR.ManorCare, Inc.
Occupation (for Individual): Director of Corporate Communications

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40633**

Amount of Each Receipt this Period: 360.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Runser, Elizabeth, , ,

Mailing Address 216 Drake Circle

City: Cranberry Twp. | State: PA | Zip Code: 16066

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 466.94

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40634**

Amount of Each Receipt this Period: 180.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ruppert, Mary Jane, , ,

Mailing Address 603 North Blackhoof St.

City: Wapakoneta | State: OH | Zip Code: 45895

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Sr Dir 4H Compliance and Edu

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 678.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40635**

Amount of Each Receipt this Period: 352.80

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 892.80

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schroepfer, Mark, , Mr.,

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 (for Individual): HCR.ManorCare, Inc.
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40637**

Amount of Each Receipt this Period: 175.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schuch, Edward, , Mr.,

Mailing Address 304 Adriana Court

City: Northhampton | State: PA | Zip Code: 18067

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40638**

Amount of Each Receipt this Period: 150.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Staifer, Desiree, L, ,

Mailing Address 5550 Reywyck Ct
Apt D

City: Toledo | State: OH | Zip Code: 43614

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 243.75

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40646**

Amount of Each Receipt this Period: 131.25

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 456.25

**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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stipanovich, Jonathon, , ,

Mailing Address 8428 Orhan Street

City: Canton | State: MI | Zip Code: 48187

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 439.20

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40670**

Amount of Each Receipt this Period: 154.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Talbert, Eric, , Mr.,

Mailing Address 7231 Stonewater Ct

City: Maumee | State: OH | Zip Code: 43537

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Div. Director of Operations Support

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40649**

Amount of Each Receipt this Period: 360.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tarson, John, M, ,

Mailing Address 78 Turnpike Road

City: Ashland | State: PA | Zip Code: 17921

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40650**

Amount of Each Receipt this Period: 150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 664.00

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

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

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

FOR LINE NUMBER: (check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ubaydi, Rami, , ,

Mailing Address 6519 Chatham Circle

City: Rochester Hills | State: MI | Zip Code: 48306

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Regional Director of Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1485.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40655**

Amount of Each Receipt this Period: 450.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vincent, Karen, L, Ms,

Mailing Address 642 Sheridan Road

City: Racine | State: WI | Zip Code: 53403

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40659**

Amount of Each Receipt this Period: 70.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weatherholtz, Eliza, Beth, ,

Mailing Address 1368 Fritztown Road

City: Reinholds | State: PA | Zip Code: 17569

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR Manor Care, Inc.
Occupation (for Individual): National Account Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

**Transaction ID : SA11AI.40661**

Amount of Each Receipt this Period: 20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 540.00

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

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

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Young, Benjuiman, , ,

Mailing Address 7822 NE 24th Ct.

City: Vancouver | State: WA | Zip Code: 98665

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 395.00

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40664**

Amount of Each Receipt this Period: 35.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yoxtheimer, Julie A, , ,

Mailing Address 249 E Pearl St

City: Findlay | State: OH | Zip Code: 45840

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): Sr Reimbursement Manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40665**

Amount of Each Receipt this Period: 210.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zalewski, Cynthia M, , ,

Mailing Address 3845 Drummond Rd

City: Toledo | State: OH | Zip Code: 43613

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HCR ManorCare Inc.
Occupation (for Individual): Senior Attorney

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1188.39

Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA11AI.40667**

Amount of Each Receipt this Period: 392.28

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 637.28

**TOTAL** This Period (last page this line number only) ▶ 23475.38

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

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.**
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: LEGPAC
Mailing Address: 38 IVY ST., SE
City: WASHINGTON | State: DC | Zip Code: 20003
FEC ID number of contributing federal political committee: C C00385534
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 09 / 30 / 2016
**Transaction ID : SA16.40671**
Amount of Each Receipt this Period: 1000.00
☐ Memo Item
Check Uncashed since March 2015

**B.**
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name:
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

**C.**
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name:
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1000.00

**TOTAL** This Period (last page this line number only) ▶ 1000.00

# 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)
- [x] 21b
- [ ] 22
- [ ] 23
- [ ] 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

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

Date of Disbursement: 07 / 05 / 2016

FEC Identification Number: C

**Transaction ID : SB21B.40674**

Amount of Each Disbursement this Period: 5.00

[ ] Memo Item

**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

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 08 / 03 / 2016

FEC Identification Number: C

**Transaction ID : SB21B.40675**

Amount of Each Disbursement this Period: 5.00

[ ] Memo Item

**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

Candidate Name

Category/Type

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

Date of Disbursement: 09 / 06 / 2016

FEC Identification Number: C

**Transaction ID : SB21B.40676**

Amount of Each Disbursement this Period: 5.00

[ ] Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 15.00

**TOTAL** This Period (last page this line number only) ▶ 15.00

# 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 ☐ 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)
BRADY VICTORY FUND

Mailing Address 8505 TECHNOLOGY FOREST PLACE

City: THE WOODLANDS | State: TX | Zip Code: 77381

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 08

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 08 / 17 / 2016

FEC Identification Number: C

**Transaction ID : SB23.40475**

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)
CROWLEY FOR CONGRESS

Mailing Address 84-56 Grand Avenue

City: Elmhurst | State: NY | Zip Code: 11373

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 07

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 08 / 16 / 2016

FEC Identification Number: C

**Transaction ID : SB23.40471**

Amount of Each Disbursement this Period: 500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City: WASHINGTON | State: DC | Zip Code: 20003

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 08 / 16 / 2016

FEC Identification Number: C

**Transaction ID : SB23.40470**

Amount of Each Disbursement this Period: 10000.00

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 13000.00

**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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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name (Last, First, Middle Initial)
FRIENDS OF MATT GAETZ

Mailing Address 610 SOUTH BOULEVARD

City: TAMPA | State: FL | Zip Code: 33606

Purpose of Disbursement: Contribution

Candidate Name: HCR MANOR CARE PAC

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C C00260141

**Transaction ID : SB23.40469**

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)
LATHAM FOR CONGRESS

Mailing Address PO BOX 8237

City: DES MOINES | State: IA | Zip Code: 50301

Purpose of Disbursement: Contribution

Candidate Name:

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: IA District: 03

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 08 / 25 / 2016

FEC Identification Number: C

**Transaction ID : SB23.40476**

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)
LYNN JENKINS FOR CONGRESS

Mailing Address PO BOX 1441

City: TOPEKA | State: KS | Zip Code: 66601

Purpose of Disbursement: Contribution

Candidate Name:

Category/Type

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

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C

**Transaction ID : SB23.40479**

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 4500.00

**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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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 50 S. Providence Road
PO BOX 308

City: Media | State: PA | Zip Code: 19063

Purpose of Disbursement: Contribtuion

Candidate Name

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 07

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 09 / 22 / 2016

FEC Identification Number: C

**Transaction ID : SB23.40486**

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)
TEAM RYAN

Mailing Address 320 1ST SE

City: WASHINGTON | State: DC | Zip Code: 20003

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 09 / 22 / 2016

FEC Identification Number: C

**Transaction ID : SB23.40489**

Amount of Each Disbursement this Period: 20000.00

☐ Memo Item

**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

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 08 / 25 / 2016

FEC Identification Number: C

**Transaction ID : SB23.40477**

Amount of Each Disbursement this Period: 1500.00

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 22500.00

**TOTAL** This Period (last page this line number only) ▶ 40000.00

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

**A.** Full Name (Last, First, Middle Initial)
CASEY, ROBERT P JR, , ,

Mailing Address PO BOX 58746

City: PHILADELPHIA | State: PA | Zip Code: 19102

Purpose of Disbursement: Uncashed Check

Candidate Name

Category/Type

Office Sought: ☐ House ☒ Senate ☐ President
State: PA District: 00

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C

**Transaction ID : SB29.40673**

Amount of Each Disbursement this Period: -3000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)
FRIENDS OF JONATHAN DEVER

Mailing Address 255 EAST 5TH STREET
SUITE 1900

City: CINCINNATI | State: OH | Zip Code: 45202

Purpose of Disbursement:

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 09 / 26 / 2016

FEC Identification Number: C

**Transaction ID : SB29.40495**

Amount of Each Disbursement this Period: 500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)
Friends of Tom Patton

Mailing Address 17157 Rabbit Run Drive

City: Strongsville | State: OH | Zip Code: 44136

Purpose of Disbursement: Contribution

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 08 / 16 / 2016

FEC Identification Number: C

**Transaction ID : SB29.40472**

Amount of Each Disbursement this Period: 2000.00

☐ Memo Item

**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 ☐ 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): SEITZ FOR OHIO
Mailing Address: 4401 ABBY COURT
City: CINCINNATI State: OH Zip Code: 45248
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 26 / 2016
FEC Identification Number: C
Transaction ID : SB29.40492
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): SHAPIRO FOR PENNSYLVANIA
Mailing Address: PO BOX 1238
City: NORRISTOWN State: PA Zip Code: 19404
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 15 / 2016
FEC Identification Number: C
Transaction ID : SB29.40481
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Sprague for State Representive
Mailing Address: 220 West Sandusky Street
City: Findlay State: OH Zip Code: 45840
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 07 / 13 / 2016
FEC Identification Number: C
Transaction ID : SB29.40350
Amount of Each Disbursement this Period: 3000.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 5000.00

**TOTAL** This Period (last page this line number only) ▶ 4500.00