RECEIVED
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COMMISSION
PUBLIC DISCLOSURE
DIVISION

MAR 29 2 25 PM '01

Office Use Only

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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

18th Floor

☐ Check if different than previously reported. (ACC)

Toledo | OH | 43604 - 2617

CITY ▲ STATE ▲ ZIPCODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00260141

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report(Q1)
- ☐ July 15 Quarterly Report(Q2)
- ☐ October 15 Quarterly Report(Q3)
- ☐ 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)
- ☐ 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 (M13)

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

Election on 11 07 2000 in the State of OH

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

Election on ____ in the State of ____

5. Covering Period 10 01 2000 through 10 18 2000

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

Type or Print Name of Treasurer Mr. Kevin Jackson

Signature of Treasurer

Date 03 28 2001

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 (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From: MM 10 DD 01 YYYY 2000 To: MM 10 DD 18 YYYY 2000

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 YYYY 2000		45330.03
(b) Cash on Hand at Begining of Reporting Period	44727.73	
(c) Total Receipts (from Line 19)	100.00	30474.35
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44827.73	75804.38
7. Total Disbursements (from Line 30)	24512.00	55488.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20315.73	20315.73
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 (Revised 1/2001)

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From: 10 01 2000 To: 10 18 2000

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)	0.00	
(ii) Unitemized	100.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	100.00	30039.08
(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 32, page 4) ▶	100.00	30039.08
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	0.00	435.27
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	100.00	30474.35
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	100.00	30474.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	15000.00	39500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	9512.00	15988.65
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	24512.00	55488.65
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	24512.00	55488.65

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	100.00	30039.08
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	100.00	30039.08
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	0.00	0.00

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 [X] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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)
Billirakis, Michael

Mailing Address
304 Driftwood Drive West

City: Palm Harbor
State: FL
Zip Code: 34683

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 08

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

Date of Disbursement: 10 / 06 / 2000

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.1663

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

Mailing Address
2526 East Erie

City: Lorain
State: OH
Zip Code: 44052

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 13

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

Date of Disbursement: 10 / 06 / 2000

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.1665

C.
Full Name (Last, First, Middle Initial)
Cardin, Benjamin L

Mailing Address
9 Whitebridge Court

City: Baltimore
State: MD
Zip Code: 21208

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: MD District: 03

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

Date of Disbursement: 10 / 06 / 2000

Amount of Each Disbursement this Period: 2000.00

Transaction ID: SB23.1675

SUBTOTAL of Receipts This Page (optional) ..... ▶ 4000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Crane for Congress Committee

Mailing Address
PO Box 8534
City: Rolling Meadows
State: IL
Zip Code: 60008

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 08

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

Date of Disbursement: 10 / 06 / 2000

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.1681

B.
Full Name (Last, First, Middle Initial)
DeWine for US Senate

Mailing Address
PO Box 340168
City: Columbus
State: OH
Zip Code: 43234

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [ ] House [X] Senate [ ] President
State: OH District: 00

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

Date of Disbursement: 10 / 06 / 2000

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.1661

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

Mailing Address
530 West Sixth Street
City: Erie
State: PA
Zip Code: 16507

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 21

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

Date of Disbursement: 10 / 06 / 2000

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.1689

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Hastert for Congress Committee

Mailing Address
PO Box 625
City: Batavia
State: IL
Zip Code: 60510

Purpose of Disbursement
Corrected Contribution for 2002 Primary

Candidate Name

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 14

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

Date of Disbursement: 10 / 06 / 2000

Amount of Each Disbursement this Period: 3000.00

Transaction ID: SB23.1677

B.
Full Name (Last, First, Middle Initial)
Hoyer for Congress

Mailing Address
7905 Malcom Road Suite 102
City: Clinton
State: MD
Zip Code: 20735

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: MD District: 05

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

Date of Disbursement: 10 / 06 / 2000

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.1679

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

Mailing Address
PO Box 10962
City: Tallahasee
State: FL
Zip Code: 32302

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [ ] House [X] Senate [ ] President
State: FL District: 00

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

Date of Disbursement: 10 / 06 / 2000

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.1683

SUBTOTAL of Receipts This Page (optional) ..... ► 5000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Rangel for Congress 2000

Mailing Address
PO Box 5577 Manhantanville Sta
City: New York State: NY Zip Code: 10027

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 15

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

Date of Disbursement: 10 / 06 / 2000

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.1671

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

Mailing Address
PO Box 580
City: Lucasville State: OH Zip Code: 45648

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 08

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

Date of Disbursement: 10 / 06 / 2000

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.1667

C.
Full Name (Last, First, Middle Initial)
Thurman for Congress

Mailing Address
450 Pleasant Grove Road
City: Inverness State: FL Zip Code: 34452

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 05

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

Date of Disbursement: 10 / 06 / 2000

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.1673

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶ 15000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use seperate 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 [X] 29

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Committee to Elect Lynn Wachtmann

Mailing Address
550 Euclid Avenue

City: Napoleon
State: OH
Zip Code: 43545

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [ ] House [X] Senate [ ] President
State: OH District: 01

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

Date of Disbursement: 10 / 16 / 2000

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB29.1685

B.
Full Name (Last, First, Middle Initial)
House Democratic Campaign Committee

Mailing Address
P.O. Box 555

City: Harrisburg
State: PA
Zip Code: 17108

Purpose of Disbursement

Candidate Name

Category/Type

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

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

Date of Disbursement: 10 / 04 / 2000

Amount of Each Disbursement this Period: 2000.00

Transaction ID: SB29.1655

C.
Full Name (Last, First, Middle Initial)
House Republican Campaign Committee

Mailing Address
P.O. Box 11787

City: Harrisburg
State: PA
Zip Code: 17108

Purpose of Disbursement

Candidate Name

Category/Type

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

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

Date of Disbursement: 10 / 04 / 2000

Amount of Each Disbursement this Period: 2000.00

Transaction ID: SB29.1653

SUBTOTAL of Receipts 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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [X] 29

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.
Full Name (Last, First, Middle Initial)
Ohio House Republican Campaign Committee

Mailing Address
211 South 5th Street
City: Columbus
State: OH
Zip Code: 43215

Purpose of Disbursement

Candidate Name

Category/Type

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

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

Date of Disbursement: 10 / 03 / 2000

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB29.1650

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: 10 / 15 / 2000

Amount of Each Disbursement this Period: 12.00

Transaction ID: SB29.1688

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ 5012.00

TOTAL This Period (last page this line number only) ..... ▶ 9512.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 3-29-01
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER	3-29-01 DATE PREPARED

(6/2000)