

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 333 North Summit Street  
16th Floor  
 Check if different than previously reported. (ACC)  
Toledo OH 43604 2617

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on 11 04 2008 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 2008 through 10 15 2008

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. Frank Jannazo

Signature of Treasurer Electronically Filed by Mr. Frank Jannazo Date 11 25 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
HCR Manor Care PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		59846.35
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	28404.01									
(c) Total Receipts (from Line 19) .....	5123.34	153335.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	33527.35	213182.16								
7. Total Disbursements (from Line 31) .....	3443.49	183098.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	30083.86	30083.86								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name  
HCR Manor Care PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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	4418.48	124543.24
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	704.86	28543.31
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5123.34	153086.55
(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) .....	5123.34	153086.55
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 .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	249.26
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5123.34	153335.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5123.34	153335.81

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	43.49	360.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	43.49	360.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	137500.00
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.....	3400.00	45237.88
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3443.49	183098.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3443.49	183098.30

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	5123.34	153086.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5123.34	153086.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	43.49	360.42
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	43.49	360.42

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 41  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial) Anthony J Abela		Date of Receipt MM / DD / YYYY 10 / 01 / 2008
Mailing Address 3622 Deerfield Ct		<b>Transaction ID:</b> SA11AI.29208
City Grass Lake	State MI	Zip Code 49240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 51.92
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	Biweekly P/R Deduction of 51.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 623.04	

**B.**

Full Name (Last, First, Middle Initial) Charlean Adams		Date of Receipt MM / DD / YYYY 10 / 01 / 2008
Mailing Address 3523 East Manitou Circle		<b>Transaction ID:</b> SA11AI.29209
City Muskegeon	State MI	Zip Code 49441
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Biweekly P/R Deduction of 150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1569.24	

**C.**

Full Name (Last, First, Middle Initial) Ms Gayla M. Adams		Date of Receipt MM / DD / YYYY 10 / 08 / 2008
Mailing Address 239 County Rd 4328		<b>Transaction ID:</b> SA11AI.29332
City Tenaha	State TX	Zip Code 75974
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.15
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Holiday	Biweekly P/R Deduction of 25.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 522.62	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>227.07</b>
<b>TOTAL</b> 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: <span style="float: right;">PAGE 7 / 41</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Martin D Allen</p> <p>Mailing Address 7151 Whispering Oak</p> <p>City State Zip Code Sylvania OH 43560</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation HCR ManorCare Inc. AVP / Dir Internal Aud &amp; Risk</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2403.88</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">10 / 01 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.29211</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">153.85</span></p> <p>Biweekly P/R Deduction of 153.85</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael Armstrong</p> <p>Mailing Address 115 N. Remington Rd.</p> <p>City State Zip Code Bexley OH 43209</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation HCR ManorCare Inc. Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">336.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">10 / 08 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.29333</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">24.00</span></p> <p>Biweekly P/R Deduction of 24</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Matthew Baad</p> <p>Mailing Address 528 Bonnie Circle</p> <p>City State Zip Code Howell MI 48843</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation HCR Manor Care, Inc. Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">240.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">10 / 01 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.29213</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">12.00</span></p> <p>Biweekly P/R Deduction of 12</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">189.85</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Tammy Barker-Cronin

Mailing Address 4521 Sutton Road

City State Zip Code  
Britton MI 49229

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
HCR Manor Care, Inc. AVP - Quality Systems

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 964.68

Date of Receipt M M / D D / Y Y Y Y  
10 / 01 / 2008

**Transaction ID:** SA11AI.29214

Amount of Each Receipt this Period 49.71

Biweekly P/R Deduction of 49.71

**B.** Full Name (Last, First, Middle Initial)  
Charles Batcher

Mailing Address 910 Orchard Drive

City State Zip Code  
Rossford OH 43460

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
HCR Manor Care, Inc. Director - Dementia Services

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 01 / 2008

**Transaction ID:** SA11AI.29216

Amount of Each Receipt this Period 70.00

Biweekly P/R Deduction of 70

**C.** Full Name (Last, First, Middle Initial)  
Donald S Boger

Mailing Address 78 W. Kyla Marie Drive

City State Zip Code  
Newark DE 19702

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 01 / 2008

**Transaction ID:** SA11AI.29221

Amount of Each Receipt this Period 15.00

Biweekly P/R Deduction of 15

**SUBTOTAL** of Receipts This Page (optional) ..... 134.71

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Pamella S Britt	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 27135 State Rt 49	<b>Transaction ID:</b> SA11AI.29338
	City Potomac State IL Zip Code 61865	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Biweekly P/R Deduction of 25
	Name of Employer HCR ManorCare Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lorna M Brown	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 410 E. Court Street	<b>Transaction ID:</b> SA11AI.29339
	City Cambridge State IL Zip Code 61238	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	Biweekly P/R Deduction of 10
	Name of Employer HCR ManorCare Inc. Occupation Assistant Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan A Brown	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 212 Keefer Rd.	<b>Transaction ID:</b> SA11AI.29223
	City Pine Grove State PA Zip Code 17963	Amount of Each Receipt this Period 13.94
	FEC ID number of contributing federal political committee. <b>C</b>	Biweekly P/R Deduction of 13.94
	Name of Employer HCR ManorCare Inc. Occupation Admin Dir of Nursing Serv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.10	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>48.94</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) David Burke		Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 3908 Tricking Brook Dr.		<b>Transaction ID:</b> SA11AI.29224
	City Richmond	State VA	Zip Code 23228
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.23
	Name of Employer HCR ManorCare Inc.	Occupation Administrator	Biweekly P/R Deduction of 19.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 344.49	

<b>B.</b>	Full Name (Last, First, Middle Initial) Candace Burks-McCoy		Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 6115 North Ridge Road		<b>Transaction ID:</b> SA11AI.29226
	City Ft. Worth	State TX	Zip Code 76135
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer HCR ManorCare, Inc.	Occupation Senior Manager Clinical Services	Biweekly P/R Deduction of 20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dena L Byrd-Byrum		Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 113 Lowood Lane		<b>Transaction ID:</b> SA11AI.29340
	City Greenville	State SC	Zip Code 29605
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
	Name of Employer HCR ManorCare Inc.	Occupation Administrator	Biweekly P/R Deduction of 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 490.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	64.23
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Charlie F Byrne

Mailing Address 4685 Rio POCO Court

City State Zip Code  
Naples FL 33109

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

Name of Employer Occupation  
HCR ManorCare Inc. Sr Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 819.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29228

Amount of Each Receipt this Period 44.23

Biweekly P/R Deduction of 44.23

**B.** Full Name (Last, First, Middle Initial)  
Shirley D Cabildo

Mailing Address 38 Bentley Court

City State Zip Code  
Bedminster NJ 07921

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 257.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29229

Amount of Each Receipt this Period 13.46

Biweekly P/R Deduction of 13.46

**C.** Full Name (Last, First, Middle Initial)  
Javier Cavero

Mailing Address 3077 N. Oakland Forest Dr. #202

City State Zip Code  
Oakland Park FL 33309

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 221.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29231

Amount of Each Receipt this Period 17.00

Biweekly P/R Deduction of 17

**SUBTOTAL** of Receipts This Page (optional) ..... ► 74.69

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Lisa Cherry		Date of Receipt
	Mailing Address 1971 A Allwood Drive		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bethlehem	PA	18018
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Transaction ID: SA11AI.29232
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="261.58"/>	<input type="text" value="15.38"/>
			Biweekly P/R Deduction of 15.38

<b>B.</b>	Full Name (Last, First, Middle Initial) Lenette A Clark		Date of Receipt
	Mailing Address 1259 Tower Court		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bourbannais	IL	60914
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc		Occupation Administrator	Transaction ID: SA11AI.29233
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="399.84"/>	<input type="text" value="33.32"/>
			Biweekly P/R Deduction of 33.32

<b>C.</b>	Full Name (Last, First, Middle Initial) William V Coury		Date of Receipt
	Mailing Address 1369 Southern Magnolia Lane		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Mt. Pleasant	SC	29406
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc		Occupation Administrator	Transaction ID: SA11AI.29345
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="15.00"/>
			Biweekly P/R Deduction of 15

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="63.70"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms Deborah Cszaszar

Mailing Address 3715 Spear St.

City State Zip Code  
Bethlehem PA 18020

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

Name of Employer Occupation  
HCR Manor Care, Inc. Managed Care Consultant - Eastern

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 361.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29234

Amount of Each Receipt this Period 18.08

Biweekly P/R Deduction of 18.08

**B.**

Full Name (Last, First, Middle Initial)  
Jamie S D'Angelo

Mailing Address 26 Oakland Ave

City State Zip Code  
Wheeling WV 26003

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 392.47

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29235

Amount of Each Receipt this Period 19.97

Biweekly P/R Deduction of 19.97

**C.**

Full Name (Last, First, Middle Initial)  
Danny M Davis

Mailing Address P.O. Box 1252

City State Zip Code  
Charleston WV 25325

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.29347

Amount of Each Receipt this Period 15.00

Biweekly P/R Deduction of 15

**SUBTOTAL** of Receipts This Page (optional) ..... ► **53.05**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Kathleen Dell	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 5750 Belle Avenue	<b>Transaction ID:</b> SA11AI.29238
	City State Zip Code Davenport IA 52807	Amount of Each Receipt this Period 28.50
	FEC ID number of contributing federal political committee. C	Biweekly P/R Deduction of 28.50
	Name of Employer Occupation HCR Manor Care, Inc. Regional Rehab Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 561.20	

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy C Dietzen	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 3615 Sunnyview Rd	<b>Transaction ID:</b> SA11AI.29349
	City State Zip Code Appleton WI 54914	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Biweekly P/R Deduction of 25
	Name of Employer Occupation HCR ManorCare Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David K Donin	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 11608 Everglade Court	<b>Transaction ID:</b> SA11AI.29351
	City State Zip Code North Potomac MD 20878	Amount of Each Receipt this Period 30.29
	FEC ID number of contributing federal political committee. C	Biweekly P/R Deduction of 30.29
	Name of Employer Occupation HCR Manor Care, Inc. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 636.09	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	83.79
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial) R Michael Ferguson		Date of Receipt MM / DD / YYYY 10 / 01 / 2008
Mailing Address 2450 Underhill Rd		<b>Transaction ID:</b> SA11AI.29240
City Toledo	State OH	Zip Code 43615
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.92
Name of Employer HCR ManorCare Inc.	Occupation VP & Dir of Purchasing	Biweekly P/R Deduction of 76.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1384.64	

**B.**

Full Name (Last, First, Middle Initial) Sara M Fielding-Russell		Date of Receipt MM / DD / YYYY 10 / 01 / 2008
Mailing Address 3601 Hawthorne Dr		<b>Transaction ID:</b> SA11AI.29241
City Richfield	State OH	Zip Code 44286
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 17.03
Name of Employer HCR ManorCare Inc.	Occupation Administrator	Biweekly P/R Deduction of 17.03
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.56	

**C.**

Full Name (Last, First, Middle Initial) Elizabeth M Foley		Date of Receipt MM / DD / YYYY 10 / 01 / 2008
Mailing Address 2313 Rockspring Rd		<b>Transaction ID:</b> SA11AI.29246
City Toledo	State OH	Zip Code 43614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 32.45
Name of Employer HCR ManorCare Inc.	Occupation Legal Counsel II	Biweekly P/R Deduction of 32.45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 641.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>126.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Karen L Forrest

Mailing Address 3115 Wynstone Dr

City State Zip Code  
Quincy IL 62305

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1160.08

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2008

**Transaction ID:** SA11AI.29247

Amount of Each Receipt this Period  
59.54

Biweekly P/R Deduction of 59.54

**B.**

Full Name (Last, First, Middle Initial)  
Jamie Fox

Mailing Address 705A Allentown Rd

City State Zip Code  
Sellersville PA 18960

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 387.76

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2008

**Transaction ID:** SA11AI.29248

Amount of Each Receipt this Period  
20.20

Biweekly P/R Deduction of 20.20

**C.**

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

Mailing Address 2006 Hale Ct

City State Zip Code  
Wyomiseing PA 19610

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 393.48

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2008

**Transaction ID:** SA11AI.29249

Amount of Each Receipt this Period  
22.79

Biweekly P/R Deduction of 22.79

**SUBTOTAL** of Receipts This Page (optional) ..... ► **102.53**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Michael D Gore

Mailing Address PO Box 1226

City State Zip Code  
Rupert WV 25984

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.29356

Amount of Each Receipt this Period  
10.00

Biweekly P/R Deduction of  
10

**B.**

Full Name (Last, First, Middle Initial)  
Melissa M. Groves

Mailing Address Rt. 1 Box 404

City State Zip Code  
Kingwood WV 26537

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

Name of Employer Occupation  
HCR ManorCare, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.84

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.29357

Amount of Each Receipt this Period  
12.71

Biweekly P/R Deduction of  
12.71

**C.**

Full Name (Last, First, Middle Initial)  
Stephen L. Guillard

Mailing Address 217 Garden St.

City State Zip Code  
Needham MA 02492

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

Name of Employer Occupation  
HCR ManorCare Inc. Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.14

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29253

Amount of Each Receipt this Period  
192.31

Biweekly P/R Deduction of  
192.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **215.02**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Karen Harris

Mailing Address 8250 SW 8th St

City North Lauderdale State FL Zip Code 33068

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

Name of Employer HCR ManorCare Inc. Occupation Assistant Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.53

Date of Receipt 10 / 01 / 2008

**Transaction ID:** SA11AI.29254

Amount of Each Receipt this Period 25.38

Biweekly P/R Deduction of 25.38

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Alan Hash

Mailing Address 9496South Dunbar Circle

City South Jordan State UT Zip Code 84095

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

Name of Employer HCR Manor Care, Inc. Occupation Regional Director - Western Division 5

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 10 / 01 / 2008

**Transaction ID:** SA11AI.29255

Amount of Each Receipt this Period 30.00

Biweekly P/R Deduction of 30

**C.**

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

Mailing Address 23 Chicago St. Apt.G

City Plainfield State IL Zip Code 60544

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 826.00

Date of Receipt 10 / 01 / 2008

**Transaction ID:** SA11AI.29256

Amount of Each Receipt this Period 42.00

Biweekly P/R Deduction of 42

**SUBTOTAL** of Receipts This Page (optional) ..... ► 97.38

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary I Herman		Date of Receipt
	Mailing Address 418 Highland Ave. RR#5		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Clarks Summit	PA	18411
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.29358
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="279.30"/>	<input type="text" value="13.46"/>
			Biweekly P/R Deduction of 13.46

<b>B.</b>	Full Name (Last, First, Middle Initial) Elizabeth B. Hill		Date of Receipt
	Mailing Address 1285 Sunhill Drive		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lawrenceville	GA	30043
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.29359
Name of Employer HCR ManorCare, Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="344.28"/>	<input type="text" value="28.69"/>
			Biweekly P/R Deduction of 28.69

<b>C.</b>	Full Name (Last, First, Middle Initial) Timothy M Hock		Date of Receipt
	Mailing Address 8054 Tillicum Grove North		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rockford	MI	49341
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.29257
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="769.20"/>	<input type="text" value="38.46"/>
			Biweekly P/R Deduction of 38.46

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="80.61"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Paul E. Hoffman

Mailing Address 4829 Rhone Drive

City State Zip Code  
Maumee OH 43537

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 460.93

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29258

Amount of Each Receipt this Period  
23.40

Biweekly P/R Deduction of  
23.40

**B.**

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

Mailing Address 101 Mercury Way

City State Zip Code  
Pleasant Hill CA 94523

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

Name of Employer Occupation  
HCR Manor Care Inc Administrator

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 272.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.29360

Amount of Each Receipt this Period  
34.00

Biweekly P/R Deduction of  
34

**C.**

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

Mailing Address 24708 McCutchenville Road

City State Zip Code  
Perrysburg OH 43551

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1153.80

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29259

Amount of Each Receipt this Period  
115.38

Biweekly P/R Deduction of  
115.38

**SUBTOTAL** of Receipts This Page (optional) ..... ► **172.78**

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

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

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

FOR LINE NUMBER: PAGE 21 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Rebecca S Jablon

Mailing Address 3349 Fairbanks Ave

City Toledo State OH Zip Code 43615

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

Name of Employer HCR ManorCare Inc. Occupation Admin Dir Of Nursing Serv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 311.52

Date of Receipt 10 / 01 / 2008

**Transaction ID:** SA11AI.29262

Amount of Each Receipt this Period 25.96

Biweekly P/R Deduction of 25.96

**B.** Full Name (Last, First, Middle Initial)  
Frank A Jannazo

Mailing Address 3466 Country Farms Road

City Oregon State OH Zip Code 43616

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

Name of Employer HCR ManorCare Inc. Occupation Dir^ Accounts Receivable

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 10 / 01 / 2008

**Transaction ID:** SA11AI.29263

Amount of Each Receipt this Period 35.00

Biweekly P/R Deduction of 35

**C.** Full Name (Last, First, Middle Initial)  
Gina Elizabeth Jennings

Mailing Address 7 Eva Court

City Baltimore State MD Zip Code 21220

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

Name of Employer HCR Manor Care, Inc Occupation ADNS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 264.60

Date of Receipt 10 / 01 / 2008

**Transaction ID:** SA11AI.29264

Amount of Each Receipt this Period 18.90

Biweekly P/R Deduction of 18.90

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 79.86

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy E Johnson	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 4266 Shire Landing	<b>Transaction ID:</b> SA11AI.29265
	City Hillard State OH Zip Code 43026	Amount of Each Receipt this Period 51.20
	FEC ID number of contributing federal political committee. <b>C</b>	Biweekly P/R Deduction of 51.20
	Name of Employer HCR Manor Care, Inc. Occupation Regional Director of Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1008.24	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ken Kang	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 513 Adams Street Apt. #909	<b>Transaction ID:</b> SA11AI.29268
	City Toledo State OH Zip Code 43604	Amount of Each Receipt this Period 11.54
	FEC ID number of contributing federal political committee. <b>C</b>	Biweekly P/R Deduction of 11.54
	Name of Employer HCR Manor Care, Inc. Occupation Analyst - Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.01	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Kathy Karr	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 4430 Woodfield Drive	<b>Transaction ID:</b> SA11AI.29269
	City Bettendorf State IA Zip Code 52722	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. <b>C</b>	Biweekly P/R Deduction of 12
	Name of Employer HCR Manor Care Inc. Occupation Senior Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 222.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	74.74
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 23 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Anthony J Keelin

Mailing Address 2208 26th Avenue^ South

City State Zip Code  
Fargo ND 58103

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29270

Amount of Each Receipt this Period 25.00

Biweekly P/R Deduction of 25

**B.** Full Name (Last, First, Middle Initial)  
Andrew Koha

Mailing Address 7620 Isaac Drive

City State Zip Code  
Middleburg Heights OH 44130

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

Name of Employer Occupation  
HCR Manor Care, Inc. RDO - Central 5

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29271

Amount of Each Receipt this Period 50.00

Biweekly P/R Deduction of 50

**C.** Full Name (Last, First, Middle Initial)  
Kathryn C Kondolf-Harmer

Mailing Address 6421 Crews Lake Hills Loop West

City State Zip Code  
Lakeland FL 33813

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.29362

Amount of Each Receipt this Period 10.00

Biweekly P/R Deduction of 10

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. David Lanning		Date of Receipt
	Mailing Address 806 Copley Lane		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Silver Spring	MD	20904
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.29274
Name of Employer HCR.ManorCare, Inc.		Occupation Vice President, Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="917.50"/>	<input type="text" value="97.50"/>
			Biweekly P/R Deduction of 97.50

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Lavin		Date of Receipt
	Mailing Address 205 Foxmanor Lane		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Glen Burnie	MD	21061
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.29275
Name of Employer HCR Manor Care, Inc.		Occupation AIT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="507.62"/>	<input type="text" value="25.75"/>
			Biweekly P/R Deduction of 25.75

<b>C.</b>	Full Name (Last, First, Middle Initial) Carrie Lund		Date of Receipt
	Mailing Address 14802 Dunston Place		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Tampa	FL	33618
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.29278
Name of Employer HCR Manor Care, Inc.		Occupation Sr. Administrator - Palm Harbor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="889.91"/>	<input type="text" value="46.00"/>
			Biweekly P/R Deduction of 46

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="169.25"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Gretchen W Mangone

Mailing Address 5234 Reddington

City State Zip Code  
Dublin OH 43017

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2008

**Transaction ID:** SA11AI.29279

Amount of Each Receipt this Period  
25.00

Biweekly P/R Deduction of  
25

**B.**

Full Name (Last, First, Middle Initial)  
Sephane M Marcotullio

Mailing Address 49895 Waterstone Estates Circle

City State Zip Code  
Northville MI 48168

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2008

**Transaction ID:** SA11AI.29365

Amount of Each Receipt this Period  
20.00

Biweekly P/R Deduction of  
20

**C.**

Full Name (Last, First, Middle Initial)  
Laverne M Martin

Mailing Address 8232 Ridge Run Place

City State Zip Code  
Mechanicsville PA 23116

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

Name of Employer Occupation  
HCR Manor Care, Inc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 203.72

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2008

**Transaction ID:** SA11AI.29366

Amount of Each Receipt this Period  
18.52

Biweekly P/R Deduction of  
18.52

**SUBTOTAL** of Receipts This Page (optional) ..... ► **63.52**

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

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

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

FOR LINE NUMBER: PAGE 26 / 41  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Debra Martindale

Mailing Address PO Box 94

City State Zip Code  
Smithfield IL 61477

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 223.02

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2008

**Transaction ID:** SA11AI.29367

Amount of Each Receipt this Period  
10.82

Biweekly P/R Deduction of  
10.82

**B.** Full Name (Last, First, Middle Initial)  
Anita M Martinez

Mailing Address 909 Gainesway Court

City State Zip Code  
Florissant MO 63034

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 388.32

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2008

**Transaction ID:** SA11AI.29281

Amount of Each Receipt this Period  
25.96

Biweekly P/R Deduction of  
25.96

**C.** Full Name (Last, First, Middle Initial)  
Nancy F Mason

Mailing Address 56 Holden Dr

City State Zip Code  
Martinsburg WV 25401

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

Name of Employer Occupation  
HCR ManorCare Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2008

**Transaction ID:** SA11AI.29368

Amount of Each Receipt this Period  
15.00

Biweekly P/R Deduction of  
15

**SUBTOTAL** of Receipts This Page (optional) ..... ► **51.78**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 41

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Janet Mastrangelo (Howells)

Mailing Address 266 Crossing Creek North

City State Zip Code  
Gahanna OH 43230

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

Name of Employer Occupation  
HCR.ManorCare, Inc. Assistant Vice President of Rehab

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 660.00

Date of Receipt

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

Transaction ID: SA11AI.29284

Amount of Each Receipt this Period

55.00

Biweekly P/R Deduction of 55

**B.**

Full Name (Last, First, Middle Initial)  
Martin Alfred Mayhew

Mailing Address 14686 Thistledwon Lane

City State Zip Code  
Perrysburg OH 43551

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

Name of Employer Occupation  
HCR Manor Care Inc Area Human Resource Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.29202

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Patricia McCormick

Mailing Address 113 Holly Lane

City State Zip Code  
Perrysburg OH 43551

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

Name of Employer Occupation  
HCR Manor Care, Inc Legal Counsel

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 390.00

Date of Receipt

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

Transaction ID: SA11AI.29287

Amount of Each Receipt this Period

30.00

Biweekly P/R Deduction of 30

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

585.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Melanie P McWhite	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 1551 Crichton Road W	<b>Transaction ID:</b> SA11AI.29289
	City State Zip Code Jacksonville FL 32221	Amount of Each Receipt this Period 25.24
	FEC ID number of contributing federal political committee. C	Biweekly P/R Deduction of 25.24
	Name of Employer Occupation HCR Manor Care, Inc Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.92	

<b>B.</b>	Full Name (Last, First, Middle Initial) William Milianes	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 169 Sheridan Ave.	<b>Transaction ID:</b> SA11AI.29370
	City State Zip Code Ho Ho Kus NJ 07423	Amount of Each Receipt this Period 17.31
	FEC ID number of contributing federal political committee. C	Biweekly P/R Deduction of 17.31
	Name of Employer Occupation HCR ManorCare Inc. Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Joylin Nation	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 15985 Voyageurs Place	<b>Transaction ID:</b> SA11AI.29293
	City State Zip Code West Palm Beach FL 33414	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	Biweekly P/R Deduction of 38.46
	Name of Employer Occupation HCR Manor Care, Inc. Senior Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	81.01
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Linda Neumann

Mailing Address 28 Roslyn Road

City State Zip Code  
Grosse Pointe Shor MI 48236

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1555.56

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2008

**Transaction ID:** SA11AI.29294

Amount of Each Receipt this Period  
93.63

Biweekly P/R Deduction of  
93.63

**B.**

Full Name (Last, First, Middle Initial)  
Ms Leslie Ohm

Mailing Address 12331 South 71st Avenue

City State Zip Code  
Palos Heights IL 60463

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

Name of Employer Occupation  
HCR ManorCare, Inc. Regional Director of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2008

**Transaction ID:** SA11AI.29295

Amount of Each Receipt this Period  
57.70

Biweekly P/R Deduction of  
57.70

**C.**

Full Name (Last, First, Middle Initial)  
Ann E Otley

Mailing Address 333 W Wooster St

City State Zip Code  
Bowling Green OH 43402

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

Name of Employer Occupation  
HCR ManorCare Inc. Director of Corporate Benefits

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2008

**Transaction ID:** SA11AI.29296

Amount of Each Receipt this Period  
40.00

Biweekly P/R Deduction of  
40

**SUBTOTAL** of Receipts This Page (optional) ..... ► **191.33**

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

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

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

FOR LINE NUMBER: PAGE 30 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Parker

Mailing Address 2154 Tremont Road

City Columbus State OH Zip Code 43212

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

Name of Employer HCR.ManorCare, Inc. Occupation VP Assistant General Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1315.66

Date of Receipt 10 / 01 / 2008

**Transaction ID:** SA11AI.29297

Amount of Each Receipt this Period 66.00

Biweekly P/R Deduction of 66

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

Mailing Address 2253 Gray Fox Court

City Ann Arbor State MI Zip Code 48103

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

Name of Employer HCR Manor Care, Inc. Occupation VP - General Counsel & Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3268.28

Date of Receipt 10 / 01 / 2008

**Transaction ID:** SA11AI.29298

Amount of Each Receipt this Period 192.00

Biweekly P/R Deduction of 192

**C.** Full Name (Last, First, Middle Initial)  
Douglas M Parson

Mailing Address 812 Countay Club Drive

City Butler State MO Zip Code 64730

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

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 429.45

Date of Receipt 10 / 08 / 2008

**Transaction ID:** SA11AI.29373

Amount of Each Receipt this Period 21.05

Biweekly P/R Deduction of 21.05

**SUBTOTAL** of Receipts This Page (optional) ..... ► 279.05

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

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

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

FOR LINE NUMBER: PAGE 31 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Deborah A Parziale

Mailing Address 8850 Little Creek Road

City State Zip Code  
Reno NV 89506

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.29374

Amount of Each Receipt this Period 35.00

Biweekly P/R Deduction of 35

**B.** Full Name (Last, First, Middle Initial)  
David III Pipkin

Mailing Address 9211 Marydell Rd

City State Zip Code  
Ellicott City MD 21042

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.58

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29301

Amount of Each Receipt this Period 50.42

Biweekly P/R Deduction of 50.42

**C.** Full Name (Last, First, Middle Initial)  
Clifton J Porter II

Mailing Address 3929 Azalea Circle

City State Zip Code  
Maumee OH 43537

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1251.48

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29303

Amount of Each Receipt this Period 63.27

Biweekly P/R Deduction of 63.27

**SUBTOTAL** of Receipts This Page (optional) ..... ► **148.69**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Margaret A Reitmeyer

Mailing Address 13 Gregory Drive

City State Zip Code  
Kenvil NJ 07847

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 694.36

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2008

**Transaction ID:** SA11AI.29305

Amount of Each Receipt this Period  
35.00

Biweekly P/R Deduction of  
35

**B.**

Full Name (Last, First, Middle Initial)  
John I Remenar

Mailing Address 2723 Rexton Ridge Rd

City State Zip Code  
Toledo OH 43617

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

Name of Employer Occupation  
HCR ManorCare Inc. VP Financial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2654.74

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2008

**Transaction ID:** SA11AI.29306

Amount of Each Receipt this Period  
188.46

Biweekly P/R Deduction of  
188.46

**C.**

Full Name (Last, First, Middle Initial)  
Damian M Rodgers

Mailing Address 4647 Calico Court

City State Zip Code  
Monclova OH 43542

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

Name of Employer Occupation  
HCR Manor Care, Inc. Legal Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 464.10

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2008

**Transaction ID:** SA11AI.29307

Amount of Each Receipt this Period  
37.00

Biweekly P/R Deduction of  
37

**SUBTOTAL** of Receipts This Page (optional) ..... ► **260.46**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial) Glen Roebuck		Date of Receipt MM / DD / YYYY 10 / 01 / 2008
Mailing Address 314 Forest Road		<b>Transaction ID:</b> SA11AI.29308
City Davenport	State IA	Zip Code 52803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 47.80
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	Biweekly P/R Deduction of 47.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 893.60	

**B.**

Full Name (Last, First, Middle Initial) Lynette M Rugg		Date of Receipt MM / DD / YYYY 10 / 01 / 2008
Mailing Address 1348 Oakland Circle		<b>Transaction ID:</b> SA11AI.29309
City N. Aurora	State IL	Zip Code 60542
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.47
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Biweekly P/R Deduction of 25.47
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 502.20	

**C.**

Full Name (Last, First, Middle Initial) Richard G Rump		Date of Receipt MM / DD / YYYY 10 / 01 / 2008
Mailing Address 2423 Heather Glen Dr		<b>Transaction ID:</b> SA11AI.29311
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 49.42
Name of Employer HCR ManorCare Inc.	Occupation Dir^ Corporate Communication	Biweekly P/R Deduction of 49.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 988.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>122.69</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 41  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Cynthia S Scharp

Mailing Address 1627 N. 1100 E

City State Zip Code  
Gilman IL 60938

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

Name of Employer Occupation  
HCR ManorCare Inc. Sr Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.29379

Amount of Each Receipt this Period 20.00

Biweekly P/R Deduction of 20

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Mark Schroepfer

Mailing Address 2328 Bonnie Brae

City State Zip Code  
Santa Ana CA 92706

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

Name of Employer Occupation  
HCR ManorCare, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.29380

Amount of Each Receipt this Period 25.00

Biweekly P/R Deduction of 25

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Edward Schuch

Mailing Address 304 Adriana Court

City State Zip Code  
Northhampton PA 18067

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 569.28

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29312

Amount of Each Receipt this Period 31.02

Biweekly P/R Deduction of 31.02

**SUBTOTAL** of Receipts This Page (optional) ..... ► 76.02

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Susan Sexton

Mailing Address 7645 Yawberg Road

City State Zip Code  
Whitehouse OH 43571

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

Name of Employer Occupation  
HCR Manor Care, Inc. Senior Manager - Tax

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 670.91

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29314

Amount of Each Receipt this Period 34.54

Biweekly P/R Deduction of 34.54

**B.**

Full Name (Last, First, Middle Initial)  
Theresa J Smelser

Mailing Address 202 N. Elm Hurst Rd.

City State Zip Code  
Prospect Heights IL 60070

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

Name of Employer Occupation  
HCR ManorCare Inc. Sr Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 714.70

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29317

Amount of Each Receipt this Period 31.75

Biweekly P/R Deduction of 31.75

**C.**

Full Name (Last, First, Middle Initial)  
Dean A Smith

Mailing Address 5918 Johnson Street

City State Zip Code  
Cantonsville MD 21228

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 531.93

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.29381

Amount of Each Receipt this Period 25.74

Biweekly P/R Deduction of 25.74

**SUBTOTAL** of Receipts This Page (optional) ..... ► 92.03

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Joyce Louise Smith		Date of Receipt
	Mailing Address 3521 Cedar Creek Court		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Maumee	OH	43537
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.29318
Name of Employer HCR ManorCare Inc.		Occupation VP^ Clinical Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1427.85"/>	<input type="text" value="158.65"/>
			Biweekly P/R Deduction of 158.65

<b>B.</b>	Full Name (Last, First, Middle Initial) David W Snyder Jr		Date of Receipt
	Mailing Address 3117 Terry Dr. SE		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Cedar Rapids	IA	52403
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.29382
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="15.00"/>
			Biweekly P/R Deduction of 15

<b>C.</b>	Full Name (Last, First, Middle Initial) Rami Ubaydi		Date of Receipt
	Mailing Address 27134 Pumpkin Street		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Murrieta	CA	92562
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.29321
Name of Employer HCR Manor Care, Inc.		Occupation Regional Director of Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="742.28"/>	<input type="text" value="50.00"/>
			Biweekly P/R Deduction of 50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="223.65"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
John L Waller

Mailing Address 822 Raleigh Court

City State Zip Code  
Gastonia NC 28054

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

Name of Employer Occupation  
HCR Manor Care, Inc. AVP of Clinical Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29323

Amount of Each Receipt this Period 23.38

Biweekly P/R Deduction of 23.38

**B.**

Full Name (Last, First, Middle Initial)  
Toni Y Williams

Mailing Address 141 Boiling Spring Cir

City State Zip Code  
Southern Pines NC 28387

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

Name of Employer Occupation  
HCR ManorCare Inc. Admin Dir Of Nursing Serv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 417.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29324

Amount of Each Receipt this Period 34.80

Biweekly P/R Deduction of 34.80

**C.**

Full Name (Last, First, Middle Initial)  
Ms Sherriann Wood

Mailing Address 5 Aberfield Lane

City State Zip Code  
Miamisburg OH 45342

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

Name of Employer Occupation  
HCR.ManorCare, Inc. RDO - Central Division Region 2

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 725.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.29327

Amount of Each Receipt this Period 29.47

Biweekly P/R Deduction of 29.47

**SUBTOTAL** of Receipts This Page (optional) ..... ► **87.65**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 38 / 41	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Julie A Yoxtheimer		Date of Receipt																					
	Mailing Address 249 E Pearl St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	1		2	0	0	8														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.29329																				
Findlay	OH	45840	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		12.00																					
Name of Employer HCR ManorCare Inc.	Occupation Sr Reimbursement Manager		Biweekly P/R Deduction of 12																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		228.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4418.48

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 41

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.

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

Transaction ID: SB21B.29460

Date of Disbursement

Mailing Address P.O. Box 5065

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	0		1	5		2	0	0	8

City Cleveland State OH Zip Code 44101-0065

Amount of Each Disbursement this Period

43.49
-------

Purpose of Disbursement  
Service Fees - 1008

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

43.49

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

43.49

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Committee to Elect Christopher R. Widener

Mailing Address 23 South Center Street  
Suite 103

City Springfield State OH Zip Code 45502

Purpose of Disbursement Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

**Transaction ID:** SB29.29205  
**Date of Disbursement:** 10 / 13 / 2008

Amount of Each Disbursement this Period: 1000.00

Category/Type

**B.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC PARTY OF WISCONSIN

Mailing Address 222 W. Washington Avenue  
Suite 150

City Madison State WI Zip Code 53703

Purpose of Disbursement Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

**Transaction ID:** SB29.29203  
**Date of Disbursement:** 10 / 02 / 2008

Amount of Each Disbursement this Period: 1000.00

Category/Type

**C.** Full Name (Last, First, Middle Initial)  
Friends of Senator Edd Houck

Mailing Address P.O. Box 7

City Spotsylvania State VA Zip Code 22553

Purpose of Disbursement Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

**Transaction ID:** SB29.29206  
**Date of Disbursement:** 10 / 13 / 2008

Amount of Each Disbursement this Period: 1000.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 3000.00

**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)

PAGE 41 / 41

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

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)  
Principled Leadership Fund - Brian Calley

Transaction ID: SB29.29204

Date of Disbursement

Mailing Address 10198 Butler Road

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

City State Zip Code  
Portland MI 48875

Amount of Each Disbursement this Period

400.00
--------

Purpose of Disbursement  
Contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

400.00
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TOTAL This Period (last page this line number only) ..... ►

3400.00
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