REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)
HCR Manor Care PAC

ADDRESS (number and street)
333 North Summit Street
16th Floor

☐ Check if different than previously reported

2. FEC IDENTIFICATION NUMBER
C00260141

CITY, STATE, and ZIP CODE
Toledo OH 43604-2617

3. ☐ This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☒ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (election type)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment ☐ YES ☒ NO

SUMMARY 5. Covering Period 04/01/1999 through 06/30/1999	**COLUMN A** **This Period**	**COLUMN B** **Calendar Year-to-Date**
6. (a) Cash on Hand, January 1, 1999		23526.27
(b) Cash on Hand at Beginning of Reporting Period	40586.30	
(c) Total Receipts (from line 19)	15394.70	39017.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55981.00	62546.00
7. Total Disbursements (from line 30)	12391.18	18956.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43589.82	43589.82
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Electronically Filed by Mr. Kevin Jackson

Signature of Treasurer

Date
07/15/1999

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

FEC FORM 3X
(revised 9/98)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEC FORM 3X) (revised 1/1/91)

NAME OF COMMITTEE
HCR Manor Care PAC

REPORT COVERING PERIOD
FROM 04/01/1999 TO: 06/30/1999

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	5908.44	7108.44	11.a.i.
ii. Unitemized	9330.30	12554.20	11.a.ii.
iii. Total (add i and ii)»	15238.74	19662.64	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	19116.19	11.c.
d. Total Contributions (add a iii, b and c)»	15238.74	38778.83	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	145.96	238.90	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)»	15384.70	39017.73	19.
20. Total Federal Receipts (subtract line 18 from line 19)»	15384.70	39017.73	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	11700.00	16200.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	150.00	150.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds (add a, b, and c)»	150.00	150.00	28.d.
29. Other Disbursements	541.18	606.18	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	12391.18	18956.18	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	12391.18	18956.18	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	15238.74	38778.83	32.
33. Total Contribution Refunds (from line 28d)	150.00	150.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	15088.74	38628.83	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)»	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)»	0.00	0.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 11 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. R. Jeffery Bixler 9 Riverhills Lane Toledo OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President & General Counsel Aggregate Year-to-Date > $ 250.00	04/30/1999	100.00
Ms Nancy Edwards 5726 Robesay Drive Dublin OH 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: General Manager, Central Division Aggregate Year-to-Date > $ 120.00	04/30/1999	30.00
Ms J. Susan Hines 7430 Country Commons Lane Sylvania OH 43560 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 195.00	04/30/1999	75.00
Mr. Wade O'Brian 2570 Olde Brookside Toledo OH 43615 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Human Resources Aggregate Year-to-Date > $ 184.80	04/30/1999	46.20
Mr. Gordon Ochs 9226 69th Avenue Drive East Bradenton FL 34202-9629 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Regional Manager Aggregate Year-to-Date > $ 200.00	04/30/1999	50.00
Mr. Paul Sieben 4569 Forestview Drive Toledo OH 43615 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Construction & Design Aggregate Year-to-Date > $ 160.00	04/30/1999	40.00
Ms Joyce Smith 8332 Southampton Drive Holland OH 43526 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Director Clinical Serv Aggregate Year-to-Date > $ 100.00	04/30/1999	100.00

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 11 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. M. Keith Weikel 3 River Hills Lane Toledo OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Chief Operating Officer Aggregate Year-to-Date > $ 264.00	04/30/1999	65.00
Ms Betsy Hearlfield 1001 Seafarer Circle Apt. 105 Jupiter FL 33477 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Executive Director Aggregate Year-to-Date > $ 250.00	05/12/1999	250.00
Mr. David Lanning 806 Copley Lane Silver Spring MD 20904 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Development Aggregate Year-to-Date > $ 500.00	05/12/1999	500.00
Mrs. Ann Say 22708 West 49th Street Shawnee KS 66226 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Regional Director of Operations Aggregate Year-to-Date > $ 300.00	05/12/1999	300.00
Ms. Vivian Thomas 6028 Brentmoor Drive Glen Allen VA 23060 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc Occupation: Administrator Aggregate Year-to-Date > $ 350.00	05/12/1999	350.00
Mr. Joseph Trainor 3123 Eagle Creek Drive Bloomington IL 61704 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Regional Director of Operations Aggregate Year-to-Date > $ 400.00	05/12/1999	400.00
Mr. Ron Traupene 3614 Broadleaf Court Glenwood MD 21738 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare Occupation: Vice President, Design & Architecture Aggregate Year-to-Date > $ 550.00	05/12/1999	550.00

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 11 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. William Reinbolt 3185 Klondike Road Delaware OH 43015 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Physical Therapy Aggregate Year-to-Date > $ 250.00	05/27/1999	250.00
Mr. R. Jeffery Bixler 9 Riverhills Lane Toledo OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President & General Counsel Aggregate Year-to-Date > $ 350.00	05/31/1999	100.00
Ms Nancy Edwards 5726 Rolbesay Drive Dublin OH 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: General Manager, Central Division Aggregate Year-to-Date > $ 150.00	05/31/1999	30.00
Ms. Janet George 1201 Rogerl Road Edgewater MD 21037 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Clinical Systems Aggregate Year-to-Date > $ 175.00	05/31/1999	175.00
Mr. Larry Godla 1556 Mary Ellen Court McLean VA 22101 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 166.68	05/31/1999	166.68
Mr. Jeff Grillo 20588 Courier Ridge Place Ashburn VA 20147 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Mid Atlantic Aggregate Year-to-Date > $ 166.68	05/31/1999	166.68
Ms J. Susan Hines 7430 Country Commons Lane Sylvania OH 43560 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 270.00	05/31/1999	75.00

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 11 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Wade O'Brien 2570 Olde Brookside Toledo OH 43615 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Human Resources Aggregate Year-to-Date > $ 231.00	05/31/1999	45.20
Mr. Gordon Ochs 9226 66th Avenue Drive East Bradenton FL 34202-9629 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Regional Manager Aggregate Year-to-Date > $ 250.00	05/31/1999	50.00
Mr. Paul Sieben 4569 Forestview Drive Toledo OH 43615 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Construction & Design Aggregate Year-to-Date > $ 200.00	05/31/1999	40.00
Ms Joyce Smith 8332 Southampton Drive Holland OH 43528 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Director Clinical Serv Aggregate Year-to-Date > $ 200.00	05/31/1999	100.00
Dr. M. Keith Weikel 3 River Hills Lane Toledo OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Chief Operating Officer Aggregate Year-to-Date > $ 330.00	05/31/1999	66.00
Mr. Timothy Burkam 4652 Dunleary Drive Dublin OH 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Heartland Rehab. Aggregate Year-to-Date > $ 300.00	06/07/1999	300.00
Mr. James Pagoaga 13129 Fox Path Lane West Friendship MD 21794 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Rehabilitation Aggregate Year-to-Date > $ 250.00	06/29/1999	250.00

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 11 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. R. Jeffery Bixler 9 Riverhills Lane Toledo OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President & General Counsel Aggregate Year-to-Date > $ 450.00	06/30/1999	100.00
Ms Nancy Edwards 5726 Robesay Drive Dublin OH 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: General Manager, Central Division Aggregate Year-to-Date > $ 256.24	06/30/1999	106.24
Ms. Janet George 1201 Rogeri Road Edgewater MD 21037 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Clinical Systems Aggregate Year-to-Date > $ 225.00	06/30/1999	50.00
Mr. Paul Gerharter 3400 Lakeside Drive Austin TX 78723 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Director, Subacute Operations Support Aggregate Year-to-Date > $ 400.00	06/30/1999	400.00
Mr. Larry Godla 1556 Mary Ellen Court McLean VA 22101 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 277.80	06/30/1999	111.12
Mr. Jeff Grillo 20588 Courier Ridge Place Ashburn VA 20147 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Mid Atlantic Aggregate Year-to-Date > $ 277.80	06/30/1999	111.12
Ms J. Susan Hines 7430 Country Commons Lane Sylvania OH 43560 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 345.00	06/30/1999	75.00

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	8 / 11 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Wade O'Brien 2570 Olde Brookside Toledo OH 43615 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Human Resources Aggregate Year-to-Date > $ 277.20	06/30/1999	45.20
Mr. Gordon Ochs 9226 66th Avenue Drive East Bradenton FL 34202-9629 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Regional Manager Aggregate Year-to-Date > $ 300.00	06/30/1999	50.00
Mr. Paul Sieben 4569 Forestview Drive Toledo OH 43615 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Construction & Design Aggregate Year-to-Date > $ 220.00	06/30/1999	20.00
Ms Joyce Smith 8332 Southampton Drive Holland OH 43528 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Vice President, Director Clinical Serv Aggregate Year-to-Date > $ 300.00	06/30/1999	100.00
Dr. M. Keith Weikel 3 River Hills Lane Toledo OH 43623 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	HCR.ManorCare, Inc. Occupation: Chief Operating Officer Aggregate Year-to-Date > $ 396.00	06/30/1999	66.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**5908.44**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 11 FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Subacute Care Association Inc. PAC 7315 Wisconsin Avenue Suite 424 East Bethesda MD 20814	Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/30/1999	200.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DeWine For US Senate PO Box 340166 Columbus OH 43234	(Senate - OH - 00) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	05/06/1999	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERIPAC: The Fund for a Greater America 1341 G Street NW Suite 200 Washington DC 20005	Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	05/21/1999	500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ensign, John Eric 7515 Coley Avenue Las Vegas NV 89117	(House - NV - 01) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	05/21/1999	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ensign, John Eric 7515 Coley Avenue Las Vegas NV 89117	(House - NV - 01) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	05/21/1999	500.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jennifer B Dunn PO Box 40110 Bellevue WA 98004	(House - WA - 08) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	05/21/1999	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIST 2000 INC 4205 Hillsboro Road Suite 306 Nashville TN 37215	(Senate - TN - 00) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	05/21/1999	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeffords For Vermont P.O. Box 248 C/O Susan Russ Montpilier VT 05601	(Senate - VT - 00) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	05/21/1999	1000.00
Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Johnson, Nancy Lee 141 South Mountain Drive New Britan CT 06052	(House - CT - 06) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	05/21/1999	1000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 11 FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McCrery for Congress 1900 CNB Tower 333 Texas Street Shreveport LA 71101	(House - LA - 04) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	05/21/1999	1000.00
Pete Stark RE-Election Committee PO Box 6331 Fremont CA 94537	(House - CA - 13) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	05/21/1999	1000.00
Friends for Cliff Stearns PO Box 308 Silver Springs FL 32688	(House - FL - 06) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	06/23/1999	1000.00
Kennedy for Senate 2000 426 C Street NE Rear Building Washington DC 20002	(Senate - MA - 00) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	06/23/1999	1000.00
Wynn For Congress 1129 20th Street, NW C/O Mitchell and Titus, LLP Washington DC 20036	(House - MD - 04) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	06/23/1999	500.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**11700.00**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	11 / 11 FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committe to ReElect Kevin Coughlin 2324 Iota Avenue Cuyahoga Falls OH 44223	(House - OH - 46) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	04/21/1999	500.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**500.00**