

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

HCR MANOR CARE PAC

ADDRESS (number and street) 333 NORTH SUMMIT STREET

Check if different than previously reported. (ACC) 16TH FLOOR

TOLEDO OH 43604

2. **FEC IDENTIFICATION NUMBER** ▼ C C00260141 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- Feb 20 (M2) 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 (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2018 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2018

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 Eilert, Steve, , ,

Signature of Treasurer Eilert, Steve, , , *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="14264.09"/>	<input type="text" value="14264.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14264.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15298.21"/>	<input type="text" value="15298.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="29562.30"/>	<input type="text" value="29562.30"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20824.86"/>	<input type="text" value="20824.86"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8737.44"/>	<input type="text" value="8737.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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: 01 / 01 / 2018 To: 03 / 31 / 2018

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....	9064.07	9064.07
(ii) Unitemized	6234.14	6234.14
(iii) TOTAL (add		
Lines 11(a)(i) and (ii).....▶	15298.21	15298.21
(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)	15298.21	15298.21
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	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c)).....▶	15298.21	15298.21
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19).....▶	15298.21	15298.21

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	74.86	74.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	74.86	74.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	18500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2250.00	2250.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20824.86	20824.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20824.86	20824.86

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	15298.21	15298.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15298.21	15298.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	74.86	74.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	74.86	74.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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. Allen, Martin D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7151 Whispering Oak
 City Sylvania State OH Zip Code 43560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR ManorCare Inc. Occupation (for Individual) AVP / Dir Internal Aud & Risk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : SA11AI.34439
 Amount of Each Receipt this Period
 1153.80
 Memo Item
 employee contribution

B. Bauerschmidt, Lynne M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8088 Timber Wood Lane
 City Temperance State MI Zip Code 48182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR ManorCare Inc. Occupation (for Individual) Internal Training Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : SA11AI.34455
 Amount of Each Receipt this Period
 210.00
 Memo Item
 employee contribution

C. Beckert, Julie, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3911 Buell
 City Toledo State OH Zip Code 43613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR Manor Care, Inc. Occupation (for Individual) Director of Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1011.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : SA11AI.34447
 Amount of Each Receipt this Period
 1011.55
 Memo Item
 employee contribution

SUBTOTAL of Receipts This Page (optional).....	2375.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<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. Curry, Denise F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 Vilsack Road
 City Glenshaw State PA Zip Code 15116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR ManorCare Occupation (for Individual) Region Director of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : SA11AI.34533
 Amount of Each Receipt this Period
 396.00
 Memo Item
 employee contribution

B. Gloth, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2322 Hidden Brook Road
 City Finksburg State MD Zip Code 21048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR Manor Care, Inc. Occupation (for Individual) VP - Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : SA11AI.34510
 Amount of Each Receipt this Period
 400.00
 Memo Item
 employee contribution

C. Grabijas, Leonard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2682 Ravine Side North
 City Howell State MI Zip Code 48843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR Manor Care, LLC. Occupation (for Individual) VP Sales & Mktg
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : SA11AI.34450
 Amount of Each Receipt this Period
 461.52
 Memo Item
 employee contribution

SUBTOTAL of Receipts This Page (optional).....	1257.52
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: (check only one)	PAGE 8 OF 16
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Jannazo, Frank A, , ,			Date of Receipt
Mailing Address 3466 Country Farms Road			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2018"/>
City Oregon	State OH	Zip Code 43616	Transaction ID : SA11AI.34440
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="270.00"/>
Name of Employer (for Individual) HCR ManorCare Inc.		Occupation (for Individual) Dir^ Accounts Receivable	<input type="checkbox"/> Memo Item employee contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Julius, Robert, G, ,			Date of Receipt
Mailing Address 3321 Pelham Rd			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2018"/>
City Ottawa Hills	State OH	Zip Code 43606	Transaction ID : SA11AI.34506
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="692.28"/>
Name of Employer (for Individual) HCR Manor Care, Inc.		Occupation (for Individual) Mgr. Business Office Process Dev.	<input type="checkbox"/> Memo Item employee contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="692.28"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lekawa, Elliot, , Mr.,			Date of Receipt
Mailing Address 14301 W Hardtner			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2018"/>
City Wichita	State KS	Zip Code 67235	Transaction ID : SA11AI.34503
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="288.36"/>
Name of Employer (for Individual) HCR Manor Care, LLC.		Occupation (for Individual) RDO	<input type="checkbox"/> Memo Item employee contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="288.36"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1250.64"/>
TOTAL 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 9 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Morrow, Allison M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16671 Bennett Rd
 City North Royalton State OH Zip Code 44133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR ManorCare Occupation (for Individual) Regional Director of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : SA11AI.34494
 Amount of Each Receipt this Period
 270.00
 Memo Item
 employee contribution

B. O'Neill, Eric M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 Mapleridge Road
 City Rochester Hills State MI Zip Code 48309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR ManorCare Occupation (for Individual) Regional Director of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : SA11AI.34490
 Amount of Each Receipt this Period
 240.00
 Memo Item
 employee contribution

C. Perry, Brian W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Exmoor
 City Toledo State OH Zip Code 43615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR ManorCare Occupation (for Individual) AVP Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : SA11AI.34568
 Amount of Each Receipt this Period
 680.00
 Memo Item
 employee contribution

SUBTOTAL of Receipts This Page (optional).....	1190.00
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 10 OF 16
	<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. Postlewait, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 Wilson Ave SW
 City Grand Rapids State MI Zip Code 49534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR ManorCare Occupation (for Individual) Regional Director of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : SA11AI.34520
 Amount of Each Receipt this Period 575.00
 Memo Item
 employee contribution

B. Reed, Michael J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3899 Midshore Drive
 City Naples State FL Zip Code 34109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR Manor Care, Inc. Occupation (for Individual) VP Assisted Living Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : SA11AI.34509
 Amount of Each Receipt this Period 230.76
 Memo Item
 employee contribution

C. Rodgers, Damian M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4647 Calico Court
 City Monclova State OH Zip Code 43542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HCR Manor Care, Inc. Occupation (for Individual) Legal Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2018
Transaction ID : SA11AI.34511
 Amount of Each Receipt this Period 300.00
 Memo Item
 employee contribution

SUBTOTAL of Receipts This Page (optional).....▶	1105.76
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

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

Mailing Address 7231 Stonewater Ct

City Maumee	State OH	Zip Code 43537
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

Transaction ID : SA11AI.34463

Amount of Each Receipt this Period
450.00

Memo Item
employee contribution

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

Mailing Address 3910 White Tail Drive

City Rochester Hills	State MI	Zip Code 48306
-------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

Transaction ID : SA11AI.34445

Amount of Each Receipt this Period
730.78

Memo Item
employee contribution

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

Mailing Address 249 E Pearl St

City Findlay	State OH	Zip Code 45840
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
242.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2018

Transaction ID : SA11AI.34442

Amount of Each Receipt this Period
242.50

Memo Item
employee contribution

SUBTOTAL of Receipts This Page (optional).....	1423.28
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 12 OF 16
(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 of Individual (Last, First, Middle Initial) or Full Organization Name
Zalewski, Cynthia M, , ,

Mailing Address 5524 Ginger Tree Lane

City Toledo	State OH	Zip Code 43623
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.52

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2018

Transaction ID : SA11AI.34456

Amount of Each Receipt this Period
461.52

Memo Item
employee contribution

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	461.52
TOTAL This Period (last page this line number only).....	9064.07

**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 checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial)
A. BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: TX District: 08

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2018

FEC Identification Number

C C00311043

Transaction ID : SB23.34427

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2018

FEC Identification Number

C C00459123

Transaction ID : SB23.34561

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: IL District: 06

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2018

FEC Identification Number

C C00410969

Transaction ID : SB23.34432

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial) A. ROSKAM FOR CONGRESS COMMITTEE		Date of Disbursement MM / DD / YYYY 03 / 19 / 2018
Mailing Address P. O. BOX 713		FEC Identification Number C C00410969 Transaction ID : SB23.34435 Amount of Each Disbursement this Period 4000.00
City WHEATON	State IL	
Zip Code 60187	Purpose of Disbursement contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 06	

Full Name (Last, First, Middle Initial) B. ROSKAM FOR CONGRESS COMMITTEE		Date of Disbursement MM / DD / YYYY 03 / 19 / 2018
Mailing Address P. O. BOX 713		FEC Identification Number C C00410969 Transaction ID : SB23.34436 Amount of Each Disbursement this Period 5000.00
City WHEATON	State IL	
Zip Code 60187	Purpose of Disbursement contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 06	

Full Name (Last, First, Middle Initial) C. STABENOW 2012 VICTORY FUND		Date of Disbursement MM / DD / YYYY 02 / 05 / 2018
Mailing Address PO BOX 4462		FEC Identification Number C C00495580 Transaction ID : SB23.34437 Amount of Each Disbursement this Period 2500.00
City EAST LANSING	State MI	
Zip Code 48826	Purpose of Disbursement contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

11500.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. WYDEN FOR OREGON

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3271

City PORTLAND State OR Zip Code 97208

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 15 / 2018

FEC Identification Number: C000436998

Transaction ID : SB23.34563

Amount of Each Disbursement this Period: 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	18500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Camera for Senate

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 624

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 19 / 2018

FEC Identification Number: C
Transaction ID : SB29.34565
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Friends of Ryan Smith

Full Name (Last, First, Middle Initial)
Mailing Address 63 Cedar Street

City Gallipolis State OH Zip Code 45631

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement: MM / DD / YYYY
01 / 29 / 2018

FEC Identification Number: C
Transaction ID : SB29.34429
Amount of Each Disbursement this Period: 250.00

Memo Item

C. Friends of Warren Kampf

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1439

City Paoli State PA Zip Code 19301

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 09 / 2018

FEC Identification Number: C
Transaction ID : SB29.34567
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	2250.00