

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** CITY STATE ZIPCODE

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 _____ in the State of _____

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

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

Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

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 01 28 2010

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							
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		29282.99
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	34812.97									
(c) Total Receipts (from Line 19)	104230.01	212590.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	139042.98	241873.86								
7. Total Disbursements (from Line 31)	107160.81	209991.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31882.17	31882.17								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	93600.83	181104.51
(ii) Unitemized	10320.11	31161.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	103920.94	212266.19
(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)	103920.94	212266.19
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	300.00	300.00
17. Other Federal Receipts (Dividends, Interest, etc.)	9.07	24.68
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))	104230.01	212590.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	104230.01	212590.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	110.81	191.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	110.81	191.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	99000.00	182500.00
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.....	8050.00	27300.00
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))..	107160.81	209991.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	107160.81	209991.69

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	103920.94	212266.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	103920.94	212266.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	110.81	191.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	110.81	191.69

**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 6 / 87
	<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) Charlean Adams		Date of Receipt
	Mailing Address 3523 East Manitou Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Muskegon	MI	49441
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30747
Name of Employer HCR Manor Care, 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"/> 549.90
		<input type="text"/> 2284.50	Bi-Weekly Payroll Contribution \$42.30

B.	Full Name (Last, First, Middle Initial) Ms Gayla M. Adams		Date of Receipt
	Mailing Address 239 County Rd 4328		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Tenaha	TX	75974
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30748
Name of Employer HCR Manor Care, Inc.		Occupation Administrator - Holiday	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"/> 391.25
		<input type="text"/> 569.30	Bi-Weekly Payroll Contribution \$26.15

C.	Full Name (Last, First, Middle Initial) Barmak Akbar-khanzadeh		Date of Receipt
	Mailing Address 5514 Waterford Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Sheffield Village	OH	44035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30749
Name of Employer HCR Manor Care, Inc.		Occupation Divisional Dir Ops Support	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"/> 369.20
		<input type="text"/> 369.20	Bi-Weekly Payroll Contribution \$36.92

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1310.35
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: (check only one)	PAGE 7 / 87
	<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) Larry M Allen		Date of Receipt
	Mailing Address P.O. Box 916		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 9
	City	State	Zip Code
	Greenwood	IN	46142
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Transaction ID: SA11AI.30750
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"/> 130.00
		<input type="text"/> 260.00	Bi-Weekly Payroll Contribution \$10.00

B.	Full Name (Last, First, Middle Initial) Martin D Allen		Date of Receipt
	Mailing Address 7151 Whispering Oak		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 9
	City	State	Zip Code
	Sylvania	OH	43560
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR ManorCare Inc.		Occupation AVP / Dir Internal Aud & Risk	Transaction ID: SA11AI.30751
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"/> 1300.00
		<input type="text"/> 2626.85	Bi-Weekly Payroll Contribution \$100.00

C.	Full Name (Last, First, Middle Initial) Sandy K Annesser		Date of Receipt
	Mailing Address 808 Continental		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 9
	City	State	Zip Code
	Waterville	OH	43566
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR ManorCare, Inc.		Occupation CBO Director	Transaction ID: SA11AI.30759
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"/> 274.95
		<input type="text"/> 423.00	Bi-Weekly Payroll Contribution \$21.15

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1704.95
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: (check only one)	PAGE 8 / 87
	<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 Armstrong	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 115 N. Remington Rd.	Transaction ID: SA11AI.30760
	City State Zip Code Bexley OH 43209	Amount of Each Receipt this Period 372.60
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$24.90
	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 ▼ 542.40	

B.	Full Name (Last, First, Middle Initial) Lisa Arnold	Date of Receipt MM / DD / YYYY 11 / 18 / 2009
	Mailing Address 36832 Meadow Creek Ct	Transaction ID: SA11AI.30762
	City State Zip Code Magnolia TX 77355	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$25.00
	Name of Employer Occupation HCR ManorCare Inc. Sr Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Deborah A Arendale	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 7100 Sunshine Skyway Lane South #401	Transaction ID: SA11AI.30763
	City State Zip Code St. Petersburg FL 33711	Amount of Each Receipt this Period 859.95
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$31.85
	Name of Employer Occupation HCR ManorCare, Inc. 4H East Div. General Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1019.20	

SUBTOTAL of Receipts This Page (optional)	1507.55
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 9 / 87
(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)
Matthew Baad

Mailing Address 528 Bonnie Circle

City State Zip Code
Howell MI 48843

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 ▼ 264.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: SA11AI.30767

Amount of Each Receipt this Period
156.00

Bi-Weekly Payroll Contribution \$12.00

B. Full Name (Last, First, Middle Initial)
Terri Ballesteros

Mailing Address 4230 Durado Court

City State Zip Code
Placerville CA 95667

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 ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: SA11AI.30768

Amount of Each Receipt this Period
225.00

Bi-Weekly Payroll Contribution \$15.00

C. Full Name (Last, First, Middle Initial)
Paul J Barber

Mailing Address 6240 N. Broadway

City State Zip Code
Freeport MI 49325

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 ▼ 415.35

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.30770

Amount of Each Receipt this Period
359.97

Bi-Weekly Payroll Contribution \$27.69

SUBTOTAL of Receipts This Page (optional) ► 740.97

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 10 / 87
(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)
L Jennifer Baron

Mailing Address 557 Jefferson St.

City Pittsburgh State PA Zip Code 15237

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

Name of Employer HCR Manor Care, Inc Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 12 / 23 / 2009

Transaction ID: SA11AI.30772

Amount of Each Receipt this Period 195.00

Bi-Weekly Payroll Contribution \$15.00

B.

Full Name (Last, First, Middle Initial)
Suzanne L Baron

Mailing Address 134 Lakeshore Dr. #414

City North Palm Beach State FL Zip Code 33408

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

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 30 / 2009

Transaction ID: SA11AI.30773

Amount of Each Receipt this Period 280.00

Bi-Weekly Payroll Contribution \$20.00

C.

Full Name (Last, First, Middle Initial)
Joseph A Barrick

Mailing Address 448 Woodcrest Dr

City Mechanicsburg State PA Zip Code 17050

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 ▼ 540.00

Date of Receipt 12 / 23 / 2009

Transaction ID: SA11AI.30774

Amount of Each Receipt this Period 351.00

Bi-Weekly Payroll Contribution \$27.00

SUBTOTAL of Receipts This Page (optional) ► 826.00

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 11 / 87
	<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) Theresa A Becher		Date of Receipt
	Mailing Address 17 Union Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Tremont	PA	17981
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30776
Name of Employer HCR Manor Care, Inc.		Occupation ADNS	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"/> 65.00
		<input type="text"/> 215.67	Bi-Weekly Payroll Contribution \$5.00

B.	Full Name (Last, First, Middle Initial) Julie A Beckert		Date of Receipt
	Mailing Address 3911 Buell Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Toledo	OH	43613
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30777
Name of Employer HCR ManorCare Inc.		Occupation Dir. Marketing/Communications	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"/> 539.89
		<input type="text"/> 622.95	Bi-Weekly Payroll Contribution \$41.53

C.	Full Name (Last, First, Middle Initial) Jean Tina Blahofski		Date of Receipt
	Mailing Address 6023 Amelia Terrace Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Sugar Land	TX	77479
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30780
Name of Employer HCR Manor Care, 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"/> 260.00
		<input type="text"/> 300.00	Bi-Weekly Payroll Contribution \$20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 864.89
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: (check only one)	PAGE 12 / 87
	<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) Kari Boice	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 40110 20th Place East	Transaction ID: SA11AI.30783
	City State Zip Code Makka City FL 34251	Amount of Each Receipt this Period 574.99
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$44.23
	Name of Employer Occupation HCR Manor Care, Inc. Regional Director of Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 663.45	

B.	Full Name (Last, First, Middle Initial) James R Bolton	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 2209 Bayward Blvd	Transaction ID: SA11AI.30785
	City State Zip Code Wilmington DE 19802	Amount of Each Receipt this Period 322.98
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$23.07
	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 ▼ 346.05	

C.	Full Name (Last, First, Middle Initial) Lori Bott	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 558 Grass Lake Road	Transaction ID: SA11AI.30786
	City State Zip Code Coldwater MI 49036	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$10.00
	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 ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	1027.97
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 13 / 87
	<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) Michelle Boyle-Haughney	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 1008 Sparrow Way	Transaction ID: SA11AI.30788
	City Breiningsville State PA Zip Code 18031	Amount of Each Receipt this Period 174.98
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$13.46
Name of Employer HCR Manor Care, Inc. Occupation Administrator	Aggregate Year-to-Date 201.90	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Diana Bragoli	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 6001 Waterview Circle	Transaction ID: SA11AI.30789
	City Phoenixville State PA Zip Code 19460	Amount of Each Receipt this Period 220.48
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$16.96
Name of Employer HCR Manor Care, Inc. Occupation Director of Nursing	Aggregate Year-to-Date 254.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Alitta Braswell-Davis	Date of Receipt MM / DD / YYYY 08 / 12 / 2009
	Mailing Address 10524 Runnymede Drive	Transaction ID: SA11AI.30790
	City Glen Allen State VA Zip Code 23059	Amount of Each Receipt this Period 90.05
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$18.01
Name of Employer HCR Manor Care Inc Occupation Director of Nursing	Aggregate Year-to-Date 288.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	485.51
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 14 / 87
(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) Pamella S Britt		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
Mailing Address 27135 State Rt 49		Transaction ID: SA11AI.30791
City Potomac	State IL	Zip Code 61865
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 563.44
Name of Employer HCR ManorCare Inc.	Occupation Administrator	Bi-Weekly Payroll Contribution \$38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 851.90	

B.

Full Name (Last, First, Middle Initial) Lorna M Brown		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
Mailing Address 410 E. Court Street		Transaction ID: SA11AI.30792
City Cambridge	State IL	Zip Code 61238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
Name of Employer HCR ManorCare Inc.	Occupation Assistant Administrator	Bi-Weekly Payroll Contribution \$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Susan A Brown		Date of Receipt MM / DD / YYYY 12 / 23 / 2009
Mailing Address 212 Keefer Rd.		Transaction ID: SA11AI.30793
City Pine Grove	State PA	Zip Code 17963
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 187.59
Name of Employer HCR ManorCare Inc	Occupation Admin Dir of Nursing Serv	Bi-Weekly Payroll Contribution \$14.43
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.15	

SUBTOTAL of Receipts This Page (optional)	971.03
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 15 / 87
	<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) David Burke		Date of Receipt
	Mailing Address 3908 Tricking Brook Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Richmond	VA	23228
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30795
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Amount of Each Receipt this Period 499.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 711.53	Bi-Weekly Payroll Contribution \$38.46

B.	Full Name (Last, First, Middle Initial) John C Burkhart		Date of Receipt
	Mailing Address 26592 Mingo Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Perrysburg	OH	43551
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30796
Name of Employer HCR ManorCare Inc.		Occupation Director^ Business Systems	Amount of Each Receipt this Period 150.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 243.10	Bi-Weekly Payroll Contribution \$11.54

C.	Full Name (Last, First, Middle Initial) Candace Burks-McCoy		Date of Receipt
	Mailing Address 6115 North Ridge Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Ft. Worth	TX	76135
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30797
Name of Employer HCR.ManorCare, Inc.		Occupation Senior Manager Clinical Services	Amount of Each Receipt this Period 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 555.00	Bi-Weekly Payroll Contribution \$25.00

SUBTOTAL of Receipts This Page (optional)	975.00
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: PAGE 16 / 87
(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 ▼ 999.61

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.30799

Amount of Each Receipt this Period 598.00

Bi-Weekly Payroll Contribution \$46.00

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 ▼ 684.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.30800

Amount of Each Receipt this Period 499.98

Bi-Weekly Payroll Contribution \$38.46

C. Full Name (Last, First, Middle Initial)
Linda L Carrigan

Mailing Address 313 Hughes Ave

City State Zip Code
Lockport IL 60441

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

Name of Employer Occupation
HCR Manor Care, Inc. ADON

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.30806

Amount of Each Receipt this Period 210.00

Bi-Weekly Payroll Contribution \$15.00

SUBTOTAL of Receipts This Page (optional) ► **1307.98**

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 / 87
(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)
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 ▼ 403.60

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.30808

Amount of Each Receipt this Period
196.04

Bi-Weekly Payroll Contribution \$15.08

B.

Full Name (Last, First, Middle Initial)
Mr. William Chenevert

Mailing Address 620 Ashbury Drive

City State Zip Code
Perrysburg OH 43551

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

Name of Employer Occupation
HCR ManorCare, Inc. Vice President, Operations Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.95

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.30809

Amount of Each Receipt this Period
2500.03

Bi-Weekly Payroll Contribution \$192.31

C.

Full Name (Last, First, Middle Initial)
Ms Lisa Cherry

Mailing Address 1971 A Allwood Drive

City State Zip Code
Bethlehem PA 18018

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 ▼ 399.88

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.30810

Amount of Each Receipt this Period
199.94

Bi-Weekly Payroll Contribution \$15.38

SUBTOTAL of Receipts This Page (optional) ► **2896.01**

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 / 87
	<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) Gaye Chrobak		Date of Receipt
	Mailing Address 7840 Delaroché Ct.		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Jacksonville	FL	32210
	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.30812
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="236.40"/>	<input type="text" value="204.88"/>
			Bi-Weekly Payroll Contribution \$15.76

B.	Full Name (Last, First, Middle Initial) Karen R Clark		Date of Receipt
	Mailing Address 707 W. Burton		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Nevada	MO	64772
	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.30814
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="400.00"/>	<input type="text" value="350.00"/>
			Bi-Weekly Payroll Contribution \$25.00

C.	Full Name (Last, First, Middle Initial) Lenette A Clark		Date of Receipt
	Mailing Address 1259 Tower Court		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	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.30815
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="799.53"/>	<input type="text" value="433.03"/>
			Bi-Weekly Payroll Contribution \$33.31

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="987.91"/>
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: (check only one)	PAGE 19 / 87
	<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) Christine M Conner	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 61 Panoramic Way	Transaction ID: SA11AI.30817
	City State Zip Code Walnut Creek CA 94595	Amount of Each Receipt this Period 336.44
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$22.50
	Name of Employer Occupation HCR Manor Care Inc Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 572.28	

B.	Full Name (Last, First, Middle Initial) Ms Pamela Cox	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 6238 Shadowood Circle	Transaction ID: SA11AI.30820
	City State Zip Code Naples FL 34112	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$30.00
	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 ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Lynn Creighton	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 200 Commonwealth Dr.	Transaction ID: SA11AI.30821
	City State Zip Code Bolingbrook IL 60440	Amount of Each Receipt this Period 218.66
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$16.82
	Name of Employer Occupation HCR Manor Care, Inc. Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.30	

SUBTOTAL of Receipts This Page (optional)	975.10
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 20 / 87
	<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) Johanna J Crowder		Date of Receipt
	Mailing Address 31524 Delaware		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Livonia	MI	48150
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30822
Name of Employer HCR ManorCare Inc.		Occupation Regional Marketing Manager	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"/> 390.00
		<input type="text"/> 450.00	Bi-Weekly Payroll Contribution \$30.00

B.	Full Name (Last, First, Middle Initial) Ms Deborah Cszasz		Date of Receipt
	Mailing Address 3715 Spear St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Bethlehem	PA	18020
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30827
Name of Employer HCR Manor Care, Inc.		Occupation Managed Care Consultant - Eastern	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"/> 130.00
		<input type="text"/> 294.64	Bi-Weekly Payroll Contribution \$10.00

C.	Full Name (Last, First, Middle Initial) Karen L Davidson		Date of Receipt
	Mailing Address 612 W. Magnolia		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Pana	IL	62557
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30831
Name of Employer HCR ManorCare Inc.		Occupation Dir^ 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"/> 689.00
		<input type="text"/> 795.00	Bi-Weekly Payroll Contribution \$53.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1209.00
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: (check only one)	PAGE 21 / 87
	<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) Gurprit Dhaliwal		Date of Receipt
	Mailing Address 29934 Hazel Glen Road		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Murrieta	CA	92563
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30839
Name of Employer HCR Manor Care Inc		Occupation Director of Nursing	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="390.00"/>	<input type="text" value="225.00"/>
			Bi-Weekly Payroll Contribution \$15.00

B.	Full Name (Last, First, Middle Initial) Janet E Diehl		Date of Receipt
	Mailing Address 3903 BARBARA ANN DRIVE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	MONROEVILLE	PA	15146
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30840
Name of Employer HCR ManorCare Inc.		Occupation Regional Dir 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="943.74"/>	<input type="text" value="606.69"/>
			Bi-Weekly Payroll Contribution \$22.47

C.	Full Name (Last, First, Middle Initial) David K Donin		Date of Receipt
	Mailing Address 11608 Everglade Court		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	North Potomac	MD	20878
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30843
Name of Employer HCR Manor Care, 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="812.95"/>	<input type="text" value="471.29"/>
			Bi-Weekly Payroll Contribution \$31.50

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1302.98"/>
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 22 / 87
	(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.	Full Name (Last, First, Middle Initial) Kathleen A Douds	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 363 Strasburg Ave.	Transaction ID: SA11AI.30844
	City Parkersburg State PA Zip Code 19365	Amount of Each Receipt this Period 223.34
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$17.18
	Name of Employer HCR Manor Care, Inc. Occupation Director of Nursing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 257.70	

B.	Full Name (Last, First, Middle Initial) Benjamin A Duckworth	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 11017 Edington Road	Transaction ID: SA11AI.30845
	City Livonia State MI Zip Code 48150	Amount of Each Receipt this Period 363.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$33.00
	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 ▼ 363.00	

C.	Full Name (Last, First, Middle Initial) Ms Nancy Edwards	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 5726 Rolbesay Drive	Transaction ID: SA11AI.30846
	City Dublin State OH Zip Code 43017	Amount of Each Receipt this Period 2500.03
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$192.31
	Name of Employer HCR.ManorCare, Inc. Occupation General Manager, Central Division Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.95	

SUBTOTAL of Receipts This Page (optional)	3086.37
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 23 / 87
	<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 M Eggebrecht	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 705 W. Airwood	Transaction ID: SA11AI.30847
	City State Zip Code East Alton IL 62024	Amount of Each Receipt this Period 186.84
	FEC ID number of contributing federal political committee. C	Weekly Payroll Contribution \$6.92
	Name of Employer Occupation HCR Manor Care, Inc. Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.44	

B.	Full Name (Last, First, Middle Initial) Linda J Emmett	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 10408 Meadowlark Ct. East	Transaction ID: SA11AI.30851
	City State Zip Code Bonney Lake WA 98391	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$20.00
	Name of Employer Occupation HCR ManorCare Inc. Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Christine Emrick	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 2312 Blue Jay Dr.	Transaction ID: SA11AI.30852
	City State Zip Code Nazareth PA 18064	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$50.00
	Name of Employer Occupation HCR Manor Care, Inc. AVP Marketing Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1096.84
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 / 87
	<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) Mr. R. Michael Ferguson	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 2450 Underhill Road	Transaction ID: SA11AI.30854
	City Toledo State OH Zip Code 43615	Amount of Each Receipt this Period 999.96
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$76.92
	Name of Employer HCR.ManorCare, Inc. Occupation Vice President, Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

B.	Full Name (Last, First, Middle Initial) Suzanne L Fisher	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 1504 Old Bernville Road	Transaction ID: SA11AI.30856
	City Leesport State PA Zip Code 19533	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$10.00
	Name of Employer HCR Manor Care, Inc. Occupation Admin Director of Nursing Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Karen L Forrest	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 3115 Wynstone Dr	Transaction ID: SA11AI.30860
	City Quincy State IL Zip Code 62305	Amount of Each Receipt this Period 804.96
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$61.92
	Name of Employer HCR ManorCare Inc. Occupation Regional Director of Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1583.74	

SUBTOTAL of Receipts This Page (optional)	▶	1934.92
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 25 / 87
	<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) Jamie Fox	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 705A Allentown Rd	Transaction ID: SA11AI.30861
	City State Zip Code Sellersville PA 18960	Amount of Each Receipt this Period 281.19
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$21.63
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.85	

B.	Full Name (Last, First, Middle Initial) George Frill	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 2006 Hale Ct	Transaction ID: SA11AI.30863
	City State Zip Code Wyomising PA 19610	Amount of Each Receipt this Period 303.68
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$23.36
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Laureldale	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 532.72	

C.	Full Name (Last, First, Middle Initial) Carole E Galea	Date of Receipt MM / DD / YYYY 12 / 02 / 2009
	Mailing Address 6211 Hellner	Transaction ID: SA11AI.30865
	City State Zip Code Ann Arbor MI 48105	Amount of Each Receipt this Period 256.20
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$21.35
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.90	

SUBTOTAL of Receipts This Page (optional)	841.07
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 / 87
(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)
John F Gallick

Mailing Address 392 Castle Crest Road

City Alamo State CA Zip Code 94507

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 ▼ 220.00

Date of Receipt 12 / 30 / 2009

Transaction ID: SA11AI.30867

Amount of Each Receipt this Period 150.00

Bi-Weekly Payroll Contribution \$10.00

B. Full Name (Last, First, Middle Initial)
Ms. Sally Gates

Mailing Address 2011 20th Lane

City Palm Beach Gardens State FL Zip Code 33418

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 12 / 23 / 2009

Transaction ID: SA11AI.30868

Amount of Each Receipt this Period 156.00

Bi-Weekly Payroll Contribution \$12.00

C. Full Name (Last, First, Middle Initial)
Mr. Gary T. Geise

Mailing Address 825 Ashbury Dr.

City Perrysburg State OH Zip Code 43551

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 946.20

Date of Receipt 12 / 23 / 2009

Transaction ID: SA11AI.30869

Amount of Each Receipt this Period 615.03

Bi-Weekly Payroll Contribution \$47.31

SUBTOTAL of Receipts This Page (optional) ► 921.03

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: PAGE 27 / 87

(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)
Jennifer R Getgen

Mailing Address 142 Losch Lane Apt 2

City State Zip Code
Jersey Shore PA 17740

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 ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.30871

Amount of Each Receipt this Period

195.00

Bi-Weekly Payroll Contribution \$15.00

B.

Full Name (Last, First, Middle Initial)
Marty Grabijas

Mailing Address 2682 Ravine Side North

City State Zip Code
Howell MI 48843

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

Name of Employer Occupation
HCR ManorCare, Inc. Director of Market Development

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 657.60

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.30880

Amount of Each Receipt this Period

427.44

Bi-Weekly Payroll Contribution \$32.88

C.

Full Name (Last, First, Middle Initial)
James Grady

Mailing Address 1311 Old Taylor Trail

City State Zip Code
Goshen KY 40026

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 ▼ 1132.07

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.30881

Amount of Each Receipt this Period

724.49

Bi-Weekly Payroll Contribution \$55.73

SUBTOTAL of Receipts This Page (optional)

1346.93

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 28 / 87
(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. John Graham

Mailing Address 3000 Riva Ridge Rd

City Toledo State OH Zip Code 43615

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

Name of Employer HCR.ManorCare, Inc. Occupation VP/GM - Heartland Hospice

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4408.32

Date of Receipt 12 / 23 / 2009

Transaction ID: SA11AI.30882

Amount of Each Receipt this Period 2275.00

Bi-Weekly Payroll Contribution \$175.00

B. Full Name (Last, First, Middle Initial)
Ruth G Graziano

Mailing Address 503 Elk Mills Road

City Oxford State PA Zip Code 19363

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 ▼ 1200.00

Date of Receipt 12 / 23 / 2009

Transaction ID: SA11AI.30883

Amount of Each Receipt this Period 780.00

Bi-Weekly Payroll Contribution \$60.00

C. Full Name (Last, First, Middle Initial)
Brian Gross

Mailing Address 1392 Lucerne Dr

City Crystal Lake State IL Zip Code 60014

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

Name of Employer HCR ManorCare Inc. Occupation Sr Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 23 / 2009

Transaction ID: SA11AI.30885

Amount of Each Receipt this Period 195.00

Bi-Weekly Payroll Contribution \$15.00

SUBTOTAL of Receipts This Page (optional) ► 3250.00

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: PAGE 29 / 87
(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)
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 ▼ 203.36
 Date of Receipt: MM / DD / YYYY
 08 / 12 / 2009
Transaction ID: SA11AI.30886
 Amount of Each Receipt this Period 63.55
 Bi-Weekly Payroll Contribution \$12.71

B. 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 ▼ 4423.13
 Date of Receipt: MM / DD / YYYY
 12 / 23 / 2009
Transaction ID: SA11AI.30888
 Amount of Each Receipt this Period 2500.09
 Bi-Weekly Payroll Contribution \$192.31

C. Full Name (Last, First, Middle Initial)
Jill L Hale
 Mailing Address 366 Burlington Rd
 City State Zip Code
 Jackson OH 45640
 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 ▼ 300.00
 Date of Receipt: MM / DD / YYYY
 12 / 23 / 2009
Transaction ID: SA11AI.30889
 Amount of Each Receipt this Period 260.00
 Bi-Weekly Payroll Contribution \$20.00

SUBTOTAL of Receipts This Page (optional) ► **2823.64**
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 30 / 87
	<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 Harris		Date of Receipt
	Mailing Address 8250 SW 8th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	North Lauderdale	FL	33068
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR ManorCare Inc.		Occupation Assistant Administrator	Transaction ID: SA11AI.30893
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"/> 685.88	<input type="text"/> 346.84
			Bi-Weekly Payroll Contribution \$26.68

B.	Full Name (Last, First, Middle Initial) Mr. Alan Hash		Date of Receipt
	Mailing Address 9496South Dunbar Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	South Jordan	UT	84095
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR Manor Care, Inc.		Occupation Regional Director - Western Division 5	Transaction ID: SA11AI.30894
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"/> 930.00	<input type="text"/> 650.00
			Bi-Weekly Payroll Contribution \$50.00

C.	Full Name (Last, First, Middle Initial) Kevin C Henricks		Date of Receipt
	Mailing Address 23 Chicago St. Apt.G		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Plainfield	IL	60544
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR ManorCare Inc.		Occupation Regional Director of Operation	Transaction ID: SA11AI.30897
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"/> 1014.00	<input type="text"/> 624.00
			Bi-Weekly Payroll Contribution \$48.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1620.84
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: (check only one)	PAGE 31 / 87
	<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) Donnett H Henry		Date of Receipt
	Mailing Address 7531 Plantation		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Mirimar	FL	33023
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30898
Name of Employer HCR Manor Care, Inc.		Occupation Director of Nursing	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="347.60"/>	<input type="text" value="225.94"/>
			Bi-Weekly Payroll Contribution \$17.38

B.	Full Name (Last, First, Middle Initial) Mary I Herman		Date of Receipt
	Mailing Address 418 Highland Ave. RR#5		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Clarks Summit	PA	18411
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30899
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="658.03"/>	<input type="text" value="407.28"/>
			Bi-Weekly Payroll Contribution \$28.13

C.	Full Name (Last, First, Middle Initial) Elizabeth B. Hill		Date of Receipt
	Mailing Address 1285 Sunhill Drive		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lawrenceville	GA	30043
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30901
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="379.52"/>	<input type="text" value="178.69"/>
			Bi-Weekly Payroll Contribution \$15.00

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="811.91"/>
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: (check only one)	PAGE 32 / 87
	<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) Scott Hochstadt		Date of Receipt
	Mailing Address 24106 Nottingham Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Plainfield	IL	60585
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30903
Name of Employer HCR Manor Care, Inc.		Occupation Assistant 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 ▼ 319.80	<input type="text"/> 277.16
			Bi-Weekly Payroll Contribution \$21.32

B.	Full Name (Last, First, Middle Initial) Kara L Hoernemann		Date of Receipt
	Mailing Address 352 W. Salem St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Clayton	OH	45315
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30904
Name of Employer HCR Manor Care, 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 ▼ 300.00	<input type="text"/> 260.00
			Bi-Weekly Payroll Contribution \$20.00

C.	Full Name (Last, First, Middle Initial) Mr. Paul E. Hoffman		Date of Receipt
	Mailing Address 4829 Rhone Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Maumee	OH	43537
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30905
Name of Employer HCR Manor Care, Inc.		Occupation Director of Ops Support - Midstates	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 ▼ 528.75	<input type="text"/> 316.29
			Bi-Weekly Payroll Contribution \$24.33

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 853.45
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: (check only one)	PAGE 33 / 87
	<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) Rodger J Hogan		Date of Receipt
	Mailing Address 101 Mercury Way		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Pleasant Hill	CA	94523
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30906
Name of Employer HCR Manor Care 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="385.40"/>
		<input type="text" value="697.10"/>	Bi-Weekly Payroll Contribution \$25.10

B.	Full Name (Last, First, Middle Initial) Sharon R Holmes		Date of Receipt
	Mailing Address 3207 N. 27th St.		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Tacoma	WA	98407
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30907
Name of Employer HCR Manor Care, Inc.		Occupation Administrator in Training	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="264.94"/>
		<input type="text" value="305.70"/>	Bi-Weekly Payroll Contribution \$20.38

C.	Full Name (Last, First, Middle Initial) Lynn M Hood		Date of Receipt
	Mailing Address 15415 Meadow Wood Dr		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Wellington	FL	33414
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30910
Name of Employer HCR ManorCare Inc.		Occupation Asst General Mgr	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="1170.00"/>
		<input type="text" value="1260.00"/>	Bi-Weekly Payroll Contribution \$90.00

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1820.34"/>
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 34 / 87
(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)
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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.30911

Amount of Each Receipt this Period 1300.00

Bi-Weekly Payroll Contribution \$100.00

B. Full Name (Last, First, Middle Initial)
Mr. John Huber

Mailing Address 26448 Carronade Drive

City State Zip Code
Perrysburg OH 43551

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 ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.30913

Amount of Each Receipt this Period 450.00

Bi-Weekly Payroll Contribution \$50.00

C. Full Name (Last, First, Middle Initial)
Patricia Hudson

Mailing Address 1333 Cromly Ct.

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
HCR Manor Care, Inc. Reg. Director of 4H

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 688.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.30914

Amount of Each Receipt this Period 581.31

Weekly Payroll Contribution \$21.53

SUBTOTAL of Receipts This Page (optional) ► 2331.31

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 / 87
(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)
Kathleen Hutchison

Mailing Address 2692 Elton Circle

City State Zip Code
Lambertville MI 48144

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

Name of Employer Occupation
HCR Manor Care, Inc. Director Human Resources Ops Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.30916

Amount of Each Receipt this Period 260.00

Bi-Weekly Payroll Contribution \$20.00

B.

Full Name (Last, First, Middle Initial)
Timothy J Irwin

Mailing Address 1497 Calloway Ct.

City State Zip Code
Howell MI 48843

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 ▼ 692.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.30917

Amount of Each Receipt this Period 599.95

Bi-Weekly Payroll Contribution \$46.15

C.

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

Mailing Address 3466 Country Farms Road

City State Zip Code
Oregon OH 43616

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.30918

Amount of Each Receipt this Period 175.00

Bi-Weekly Payroll Contribution \$35.00

SUBTOTAL of Receipts This Page (optional) ► **1034.95**

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 36 / 87
(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)
Gina Elizabeth Jennings

Mailing Address 7 Eva Court

City State Zip Code
Baltimore MD 21220

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

Name of Employer Occupation
HCR Manor Care, Inc ADNS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 348.12

Date of Receipt
MM / DD / YYYY
12 / 09 / 2009

Transaction ID: SA11AI.30920

Amount of Each Receipt this Period
195.60

Bi-Weekly Payroll Contribution \$19.56

B. Full Name (Last, First, Middle Initial)
Ms Diane Johnson

Mailing Address 206 Ruth Road

City State Zip Code
Fleetwood PA 19522

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 ▼ 772.95

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.30922

Amount of Each Receipt this Period
669.89

Bi-Weekly Payroll Contribution \$51.53

C. Full Name (Last, First, Middle Initial)
Nancy E Johnson

Mailing Address 4266 Shire Landing

City State Zip Code
Hillard OH 43026

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1196.80

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.30924

Amount of Each Receipt this Period
682.24

Bi-Weekly Payroll Contribution \$52.48

SUBTOTAL of Receipts This Page (optional) ► **1547.73**

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 37 / 87
	<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) Nicholas B Johnson	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 8402 Lynn Circle	Transaction ID: SA11AI.30925
	City Pasadena State MD Zip Code 21122	Amount of Each Receipt this Period 151.19
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$10.10
	Name of Employer HCR Manor Care, Inc. Occupation Admission Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 200.14	

B.	Full Name (Last, First, Middle Initial) Robert G Julius	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address P O Box 538 Int. Train/Ctrl SVC 7	Transaction ID: SA11AI.30927
	City Sylvania State OH Zip Code 43560	Amount of Each Receipt this Period 281.19
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$21.63
	Name of Employer HCR Manor Care, Inc. Occupation Mgr. Business Office Process Dev. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 432.60	

C.	Full Name (Last, First, Middle Initial) Elizabeth M Kaczor	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 1689 Rauch Rd	Transaction ID: SA11AI.30928
	City Temperance State MI Zip Code 48182	Amount of Each Receipt this Period 499.98
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$38.46
	Name of Employer HCR ManorCare Inc. Occupation AVP HR Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 999.96	

SUBTOTAL of Receipts This Page (optional)	932.36
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 38 / 87
	<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 M Kalas		Date of Receipt
	Mailing Address 10839 Cambria Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Huntley	IL	60142
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30929
Name of Employer HCR Manor Care, Inc.		Occupation Director of Nursing	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 ▼ 255.64	<input type="text"/> 237.38
			Bi-Weekly Payroll Contribution \$18.26

B.	Full Name (Last, First, Middle Initial) Mrs. Kathy Karr		Date of Receipt
	Mailing Address 4430 Woodfield Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Bettendorf	IA	52722
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30932
Name of Employer HCR Manor Care Inc.		Occupation Senior 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 ▼ 372.00	<input type="text"/> 195.00
			Bi-Weekly Payroll Contribution \$15.00

C.	Full Name (Last, First, Middle Initial) Courtney L Kasper		Date of Receipt
	Mailing Address 2750 CR 110		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 0 / 2 0 0 9
	City	State	Zip Code
	Georgetown	TX	78626
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30933
Name of Employer HCR Manor Care, 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 ▼ 461.44	<input type="text"/> 403.76
			Bi-Weekly Payroll Contribution \$28.84

SUBTOTAL of Receipts This Page (optional)	836.14
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 39 / 87
(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)
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 Manor Care, Inc. Administrator - Fargo

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.30936

Amount of Each Receipt this Period 390.00

Bi-Weekly Payroll Contribution \$30.00

B.

Full Name (Last, First, Middle Initial)
Carol M Keiser

Mailing Address 132 Regent St.

City State Zip Code
Wilkes Barre PA 18702

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 222.45

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.30937

Amount of Each Receipt this Period 192.79

Bi-Weekly Payroll Contribution \$14.83

C.

Full Name (Last, First, Middle Initial)
Dan Kight

Mailing Address 2013 Orchard Rd

City State Zip Code
Toledo OH 43606

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

Name of Employer Occupation
HCR ManorCare Inc. Mgr^ Pharmacy Ops Sprt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.30940

Amount of Each Receipt this Period 499.98

Bi-Weekly Payroll Contribution \$38.46

SUBTOTAL of Receipts This Page (optional) ► **1082.77**

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 40 / 87
	<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) Vivian Kiraly		Date of Receipt
	Mailing Address 103 Kama Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Cross Lanes	WV	25313
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30941
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Amount of Each Receipt this Period 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	Bi-Weekly Payroll Contribution \$25.00

B.	Full Name (Last, First, Middle Initial) Andrew Koha		Date of Receipt
	Mailing Address 7620 Isaac Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Middleburg Heights	OH	44130
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30944
Name of Employer HCR Manor Care, Inc.		Occupation RDO - Central 5	Amount of Each Receipt this Period 650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	Bi-Weekly Payroll Contribution \$50.00

C.	Full Name (Last, First, Middle Initial) Michelle L Kreps		Date of Receipt
	Mailing Address 1560 Beecher Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 0 / 2 0 0 9
	City	State	Zip Code
	Orange Park	FL	32073
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30947
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Amount of Each Receipt this Period 280.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	Bi-Weekly Payroll Contribution \$20.00

SUBTOTAL of Receipts This Page (optional)	1255.00
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: PAGE 41 / 87
(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)
Betty Kutner

Mailing Address 3006 Wild Run Road

City State Zip Code
Pennsburg PA 18073

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.30948

Amount of Each Receipt this Period 130.00

Bi-Weekly Payroll Contribution \$10.00

B. Full Name (Last, First, Middle Initial)
Amy LaFleur

Mailing Address 207 S. Ann Arbor St.

City State Zip Code
Saline MI 48176

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 ▼ 288.45

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.30949

Amount of Each Receipt this Period 249.99

Bi-Weekly Payroll Contribution \$19.23

C. Full Name (Last, First, Middle Initial)
Mr. David Lanning

Mailing Address 806 Copley Lane

City State Zip Code
Silver Spring MD 20904

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

Name of Employer Occupation
HCR.ManorCare, Inc. Vice President, Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1657.50

Date of Receipt
MM / DD / YYYY
08 / 19 / 2009

Transaction ID: SA11AI.30951

Amount of Each Receipt this Period 390.00

Bi-Weekly Payroll Contribution \$97.50

SUBTOTAL of Receipts This Page (optional) ► 769.99

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 42 / 87
	<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 Lavin		Date of Receipt
	Mailing Address 205 Foxmanor Lane		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Glen Burnie	MD	21061
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation AIT	Transaction ID: SA11AI.30952
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="508.10"/>	<input type="text" value="229.84"/>
			Bi-Weekly Payroll Contribution \$17.68

B.	Full Name (Last, First, Middle Initial) Brandon P Lesniak		Date of Receipt
	Mailing Address 2141 Willow Beach		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Keego Harbor	MI	48320
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, LLC		Occupation Div Director Ops Support	Transaction ID: SA11AI.30956
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="239.40"/>	<input type="text" value="207.48"/>
			Bi-Weekly Payroll Contribution \$15.96

C.	Full Name (Last, First, Middle Initial) Joseph D Lingenfelter		Date of Receipt
	Mailing Address 5108 Kingswood		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Carmel	IN	46033
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator 4H	Transaction ID: SA11AI.30957
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="653.64"/>	<input type="text" value="527.94"/>
			Bi-Weekly Payroll Contribution \$25.14

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="965.26"/>
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: (check only one)	PAGE 43 / 87
	<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) Diane Lube		Date of Receipt
	Mailing Address 1040 Pinewood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Downers Grove	IL	60516
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30962
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"/> 225.00
		<input type="text"/> 390.00	Bi-Weekly Payroll Contribution \$15.00

B.	Full Name (Last, First, Middle Initial) Carrie Lund		Date of Receipt
	Mailing Address 14802 Dunston Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Tampa	FL	33618
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30963
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"/> 598.00
		<input type="text"/> 1196.00	Bi-Weekly Payroll Contribution \$46.00

C.	Full Name (Last, First, Middle Initial) Margo L Lutton		Date of Receipt
	Mailing Address 6251 Crystal Springs Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Avon	IN	46123
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30964
Name of Employer HCR Manor Care, 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"/> 325.00
		<input type="text"/> 375.00	Bi-Weekly Payroll Contribution \$25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1148.00
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 44 / 87
(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)
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 ▼ 550.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: SA11AI.30968
Amount of Each Receipt this Period: 325.00
Bi-Weekly Payroll Contribution \$25.00

B. Full Name (Last, First, Middle Initial)
Sephania 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 ▼ 391.04

Date of Receipt: 12 / 30 / 2009
Transaction ID: SA11AI.30971
Amount of Each Receipt this Period: 257.16
Bi-Weekly Payroll Contribution \$16.94

C. 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 ▼ 357.68

Date of Receipt: 12 / 23 / 2009
Transaction ID: SA11AI.30976
Amount of Each Receipt this Period: 130.00
Bi-Weekly Payroll Contribution \$10

SUBTOTAL of Receipts This Page (optional) ▶ **712.16**

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 45 / 87
	<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) Nancy F Mason		Date of Receipt
	Mailing Address 56 Holden Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Martinsburg	WV	25401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30980
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"/> 176.56
		<input type="text"/> 274.64	Bi-Weekly Payroll Contribution \$11.54

B.	Full Name (Last, First, Middle Initial) Frances Mastel		Date of Receipt
	Mailing Address 1807 Derian Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Aberdeen	SD	57401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30982
Name of Employer HCR Manor Care, 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"/> 195.00
		<input type="text"/> 307.50	Bi-Weekly Payroll Contribution \$15.00

C.	Full Name (Last, First, Middle Initial) Ms. Janet Mastrangelo (Howells)		Date of Receipt
	Mailing Address 266 Crossing Creek North		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30983
Name of Employer HCR.ManorCare, Inc.		Occupation Assistant Vice President of Rehab	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"/> 999.96
		<input type="text"/> 1868.40	Bi-Weekly Payroll Contribution \$76.92

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1371.52
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: (check only one)	PAGE 46 / 87
	<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) Jill Matelan		Date of Receipt
	Mailing Address 700 Golden Drive		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Blandon	PA	19510
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc		Occupation Administrator - Sinking Spring	Transaction ID: SA11AI.30984
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="352.43"/>
		<input type="text" value="406.65"/>	Bi-Weekly Payroll Contribution \$27.11

B.	Full Name (Last, First, Middle Initial) William J McDaniel II		Date of Receipt
	Mailing Address 7420 Nightingale Dr. #13		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Holland	OH	45328
	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.30988
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="318.63"/>
		<input type="text" value="367.65"/>	Bi-Weekly Payroll Contribution \$24.51

C.	Full Name (Last, First, Middle Initial) Murry J Mercier		Date of Receipt
	Mailing Address 7110 Oak Bluff Lane		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Maumee	OH	43537
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation VP Dir of Information Serv	Transaction ID: SA11AI.30993
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="2499.97"/>
		<input type="text" value="5000.00"/>	Bi-Weekly Payroll Contribution \$192.31

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3171.03"/>
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: (check only one)	PAGE 47 / 87
	<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)
Stacy H Mesaros

Mailing Address 1304 234th Pl

City State Zip Code
Des Moines WA 98198

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 ▼ 320.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: SA11AI.30994

Amount of Each Receipt this Period 280.00

Bi-Weekly Payroll Contribution \$20.00

B.

Full Name (Last, First, Middle Initial)
William Milianes

Mailing Address 169 Sheridan Ave.

City State Zip Code
Ho Ho Kus NJ 07423

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

Name of Employer Occupation
HCR ManorCare Inc. Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 433.88

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: SA11AI.30997

Amount of Each Receipt this Period 306.13

Bi-Weekly Payroll Contribution \$20.63

C.

Full Name (Last, First, Middle Initial)
Scott Miller

Mailing Address 198 Old Mill Drive

City State Zip Code
Langhorne PA 19047

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 ▼ 744.30

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.30998

Amount of Each Receipt this Period 645.06

Bi-Weekly Payroll Contribution \$46.92

SUBTOTAL of Receipts This Page (optional) ► 1231.19

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 48 / 87
	(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 Susan Morey	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 700 Hunters Road	Transaction ID: SA11AI.31005
	City Mohnnton State PA Zip Code 19540	Amount of Each Receipt this Period 715.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$55.00
	Name of Employer HCR Manor Care, Inc. Occupation Regional Director of Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 825.00	

B.	Full Name (Last, First, Middle Initial) Martha E Mosley	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 2116 11th St.	Transaction ID: SA11AI.31006
	City Altoona State PA Zip Code 16601	Amount of Each Receipt this Period 367.50
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$26.25
	Name of Employer HCR Manor Care, Inc. Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) Deborah T Mullane	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 808 Latshaw Rd.	Transaction ID: SA11AI.31008
	City Spring City State PA Zip Code 19475	Amount of Each Receipt this Period 197.60
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$15.20
	Name of Employer HCR Manor Care, Inc. Occupation Director of Nursing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00	

SUBTOTAL of Receipts This Page (optional)	1280.10
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 49 / 87
(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)
Melinda K Muller

Mailing Address 31682 Corte Encinas

City State Zip Code
Temecula CA 92592

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 ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: SA11AI.31009

Amount of Each Receipt this Period
300.00

Bi-Weekly Payroll Contribution \$20.00

B.

Full Name (Last, First, Middle Initial)
Kevin Murphy

Mailing Address 6751 Hampsford Circle

City State Zip Code
Toledo OH 43617

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

Name of Employer Occupation
HCR Manor Care, Inc. Regional Dir of Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.31011

Amount of Each Receipt this Period
405.00

Weekly Payroll Contribution \$15.00

C.

Full Name (Last, First, Middle Initial)
Terrance Murphy

Mailing Address 2379 Schaffer Road

City State Zip Code
Pottstown PA 19464

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 ▼ 406.65

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.31012

Amount of Each Receipt this Period
352.43

Bi-Weekly Payroll Contribution \$27.11

SUBTOTAL of Receipts This Page (optional) ► **1057.43**

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 50 / 87
(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. Tom Myers

Mailing Address 29378 Lindsay Dr.

City State Zip Code
Perrysburg OH 43551

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31014

Amount of Each Receipt this Period
325.00

Bi-Weekly Payroll Contribution \$25.00

B.

Full Name (Last, First, Middle Initial)
David K Nees

Mailing Address 5315 Rymoor Drive

City State Zip Code
Sylvania OH 43560

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

Name of Employer Occupation
HCR. Manor Care, Inc Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1349.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31015

Amount of Each Receipt this Period
1169.74

Bi-Weekly Payroll Contribution \$89.98

C.

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 ▼ 2393.19

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31016

Amount of Each Receipt this Period
1424.93

Bi-Weekly Payroll Contribution \$109.61

SUBTOTAL of Receipts This Page (optional) ► **2919.67**

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 51 / 87
	<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) Kevin O'Connor	Date of Receipt MM / DD / YYYY 10 / 14 / 2009
	Mailing Address 5814 Sherwood Circle	Transaction ID: SA11AI.31021
	City State Zip Code Monclova OH 43542	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$10.00
	Name of Employer Occupation HCR Manor Care, Inc. Legal Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Nashika T O'Gilvie	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 1823 N. Congress Ave	Transaction ID: SA11AI.31022
	City State Zip Code West Palm Beach FL 33401	Amount of Each Receipt this Period 180.05
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$13.85
	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 ▼ 207.75	

C.	Full Name (Last, First, Middle Initial) Ms Leslie Ohm	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 12331 South 71st Avenue	Transaction ID: SA11AI.31023
	City State Zip Code Palos Heights IL 60463	Amount of Each Receipt this Period 749.97
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$57.69
	Name of Employer Occupation HCR Manor Care, Inc. Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1211.55	

SUBTOTAL of Receipts This Page (optional)	▶	1010.02
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 52 / 87
	(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

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.	Full Name (Last, First, Middle Initial) Ms. Annette Orlowski		Date of Receipt
	Mailing Address 669 Highway 60		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Cedarburg	WI	53012
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR.ManorCare, Inc.		Occupation Director, Clinical Services	Transaction ID: SA11AI.31024
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"/> 1876.40	<input type="text"/> 1219.66
			Bi-Weekly Payroll Contribution \$93.82

B.	Full Name (Last, First, Middle Initial) Ann E Otley		Date of Receipt
	Mailing Address 333 W Wooster St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Bowling Green	OH	43402
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR ManorCare Inc.		Occupation Director of Corporate Benefits	Transaction ID: SA11AI.31025
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"/> 1040.00	<input type="text"/> 520.00
			Bi-Weekly Payroll Contribution \$40.00

C.	Full Name (Last, First, Middle Initial) Mr. David Parker		Date of Receipt
	Mailing Address 2154 Tremont Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Columbus	OH	43212
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer HCR.ManorCare, Inc.		Occupation VP Assistant General Manager	Transaction ID: SA11AI.31028
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"/> 2322.60	<input type="text"/> 1612.52
			Bi-Weekly Payroll Contribution \$124.04

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3352.18
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: (check only one)	PAGE 53 / 87
	<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) Richard A Parr II		Date of Receipt	
	Mailing Address 2253 Gray Fox Court		M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.31029
	Ann Arbor	MI	48103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		2496.00	
Name of Employer HCR Manor Care, Inc.		Occupation VP - General Counsel & Secretary		Bi-Weekly Payroll Contribution \$192.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		4992.00		

B.	Full Name (Last, First, Middle Initial) Deborah A Parziale		Date of Receipt	
	Mailing Address 8850 Little Creek Road		M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.31031
	Reno	NV	89506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		525.00	
Name of Employer HCR Manor Care, Inc.		Occupation Administrator		Bi-Weekly Payroll Contribution \$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		770.00		

C.	Full Name (Last, First, Middle Initial) Katherine A Penatzer		Date of Receipt	
	Mailing Address 238 East Penn St.		M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.31033
	Bedfore	PA	15522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		175.00	
Name of Employer HCR Manor Care, Inc.		Occupation Administrator		Bi-Weekly Payroll Contribution \$12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		262.50		

SUBTOTAL of Receipts This Page (optional)	3196.00
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 54 / 87
	<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 S Petyko		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 14108 Doffin Street		Transaction ID: SA11AI.31035
	City State Zip Code Cedar Lake IN 46303	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 403.90
	Name of Employer HCR ManorCare Inc.	Occupation Assistant Administrator	Bi-Weekly Payroll Contribution \$28.85
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.60	

B.	Full Name (Last, First, Middle Initial) Karen K Phelps		Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address Rt. 4^ Box 87p		Transaction ID: SA11AI.31036
	City State Zip Code Tecumseh OK 74873	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 325.00
	Name of Employer HCR ManorCare Inc.	Occupation Admin Dir Of Nursing Serv	Bi-Weekly Payroll Contribution \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) Luke T Pile		Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 6690 Hauser Rd C-205		Transaction ID: SA11AI.31038
	City State Zip Code Macungie PA 18062	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 292.50
	Name of Employer HCR ManorCare Inc.	Occupation Administrator	Bi-Weekly Payroll Contribution \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 337.50	

SUBTOTAL of Receipts This Page (optional)	▶	1021.40
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 55 / 87
(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)
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 ▼ 1487.01

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.31039

Amount of Each Receipt this Period 850.07

Bi-Weekly Payroll Contribution \$65.39

B. Full Name (Last, First, Middle Initial)
Michael J Reed

Mailing Address 3899 Midshore Drive

City State Zip Code
Naples FL 34109

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

Name of Employer Occupation
HCR Manor Care, Inc. VP Assisted Living Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.65

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.31043

Amount of Each Receipt this Period 2500.03

Bi-Weekly Payroll Contribution \$192.31

C. 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 ▼ 758.10

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.31044

Amount of Each Receipt this Period 475.02

Bi-Weekly Payroll Contribution \$36.54

SUBTOTAL of Receipts This Page (optional) ► **3825.12**

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 56 / 87
	<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) Deborah A Reitz		Date of Receipt
	Mailing Address 4312 Shangri La Rd.		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Stewartstown	PA	17363
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Regional Director of Ops	Transaction ID: SA11AI.31045
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="525.00"/>	<input type="text" value="487.50"/>
			Bi-Weekly Payroll Contribution \$37.50

B.	Full Name (Last, First, Middle Initial) John I Remenar		Date of Receipt
	Mailing Address 2723 Rexton Ridge Rd		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Toledo	OH	43617
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR ManorCare Inc.		Occupation VP Financial Services	Transaction ID: SA11AI.31046
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="3203.82"/>	<input type="text" value="753.84"/>
			Bi-Weekly Payroll Contribution \$188.46

C.	Full Name (Last, First, Middle Initial) Tiffany Remmert		Date of Receipt
	Mailing Address 4320 Twp Rd 161		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Marengo	OH	43334
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HCR Manor Care, Inc.		Occupation Administrator - Bucyrus	Transaction ID: SA11AI.31047
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="253.35"/>	<input type="text" value="219.57"/>
			Bi-Weekly Payroll Contribution \$16.89

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1460.91"/>
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: (check only one)	PAGE 57 / 87
	<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) Patricia B Richards		Date of Receipt
	Mailing Address P.O. Box 754		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Shady Spring	WV	25918
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.31051
		Amount of Each Receipt this Period	<input type="text"/> 520.00
Name of Employer HCR Manor Care, Inc.		Occupation Area Human Resource Director	Bi-Weekly Payroll Contribution \$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 898.21	

B.	Full Name (Last, First, Middle Initial) Teresa A Rickett		Date of Receipt
	Mailing Address 44 Lookout Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 2 / 3 0 / 2 0 0 9
	City	State	Zip Code
	Urbana	OH	43078
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.31052
		Amount of Each Receipt this Period	<input type="text"/> 291.20
Name of Employer HCR Manor Care, Inc.		Occupation Administrator	Bi-Weekly Payroll Contribution \$20.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 436.80	

C.	Full Name (Last, First, Middle Initial) Damian M Rodgers		Date of Receipt
	Mailing Address 4647 Calico Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Monclova	OH	43542
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.31053
		Amount of Each Receipt this Period	<input type="text"/> 414.00
Name of Employer HCR Manor Care, Inc.		Occupation Legal Counsel	Bi-Weekly Payroll Contribution \$38.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 895.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1225.20
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: (check only one)	PAGE 58 / 87
	<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) Mary Colleen B Rodgers		Date of Receipt
	Mailing Address 5 Jason Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Avondale	PA	19311
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31054
Name of Employer HCR Manor Care, 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"/> 225.00	<input type="text"/> 195.00
			Bi-Weekly Payroll Contribution \$15.00

B.	Full Name (Last, First, Middle Initial) David R Roth		Date of Receipt
	Mailing Address 5257 Bentwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Mason	OH	45040
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31056
Name of Employer HCR ManorCare Inc.		Occupation Director Of Planning	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"/> 592.00	<input type="text"/> 299.00
			Bi-Weekly Payroll Contribution \$23.00

C.	Full Name (Last, First, Middle Initial) Lynette M Rugg		Date of Receipt
	Mailing Address 1348 Oakland Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	City	State	Zip Code
	N. Aurora	IL	60542
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31057
Name of Employer HCR Manor Care, 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"/> 702.87	<input type="text"/> 476.71
			Bi-Weekly Payroll Contribution \$36.67

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 970.71
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: (check only one)	PAGE 59 / 87
	<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) Richard G Rump	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 2423 Heather Glen Dr	Transaction ID: SA11AI.31058
	City State Zip Code Maumee OH 43537	Amount of Each Receipt this Period 700.05
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$53.85
	Name of Employer Occupation HCR ManorCare Inc. Dir^ Corporate Communication	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1077.00	

B.	Full Name (Last, First, Middle Initial) Angela G Russo	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 4950 Cypress Pike Circle Unit 101	Transaction ID: SA11AI.31059
	City State Zip Code Virginia Beach VA 23455	Amount of Each Receipt this Period 810.00
	FEC ID number of contributing federal political committee. C	Weekly Payroll Contribution \$30.00
	Name of Employer Occupation HCR Manor Care, Inc. Gen Mgr Central Div 4H	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

C.	Full Name (Last, First, Middle Initial) Sharon Sanda	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 1288 Evergreen	Transaction ID: SA11AI.31061
	City State Zip Code Elgin IL 60123	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$15.00
	Name of Employer Occupation HCR Manor Care, Inc. Admissions Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	1705.05
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 60 / 87
(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)
David A Saunders

Mailing Address 14661 Bellino Terrace Unit 202

City State Zip Code
Bonita Springs FL 34135

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 ▼ 203.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31062

Amount of Each Receipt this Period
203.04

Bi-Weekly Payroll Contribution \$25.38

B. 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 ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.31064

Amount of Each Receipt this Period
230.00

Bi-Weekly Payroll Contribution \$15.00

C. 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 ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.31065

Amount of Each Receipt this Period
375.00

Bi-Weekly Payroll Contribution \$25.00

SUBTOTAL of Receipts This Page (optional) ► **808.04**

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 61 / 87
	<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. Edward Schuch		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 304 Adriana Court		Transaction ID: SA11AI.31066		
	City Northampton	State PA	Zip Code 18067	Amount of Each Receipt this Period 337.48	
	FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Contribution \$25.96		
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Aggregate Year-to-Date 575.52		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Kenneth P Schuster		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 2074 Cameo		Transaction ID: SA11AI.31067		
	City Lewisville	State TX	Zip Code 75067	Amount of Each Receipt this Period 344.89	
	FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Contribution \$26.53		
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Aggregate Year-to-Date 397.95		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Gregory Seiple		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 1102 Meily Street		Transaction ID: SA11AI.31068		
	City Lebanon	State PA	Zip Code 17046	Amount of Each Receipt this Period 260.00	
	FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Contribution \$20.00		
	Name of Employer HCR Manor Care, Inc.	Occupation Senior Consultant Systems	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	942.37
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 62 / 87

(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 ▼ 787.18

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.31069

Amount of Each Receipt this Period

138.16

Bi-Weekly Payroll Contribution \$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 ▼ 827.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31074

Amount of Each Receipt this Period

442.00

Bi-Weekly Payroll Contribution \$34.00

C.

Full Name (Last, First, Middle Initial)
Joyce Louise Smith

Mailing Address 3521 Cedar Creek Court

City State Zip Code
Maumee OH 43537

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

Name of Employer Occupation
HCR ManorCare Inc. VP^ Clinical Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4629.80

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31075

Amount of Each Receipt this Period

2500.03

Bi-Weekly Payroll Contribution \$192.31

SUBTOTAL of Receipts This Page (optional)

3080.19

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 63 / 87
(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)
David W Snyder Jr

Mailing Address 3117 Terry Dr. SE

City Cedar Rapids State IA Zip Code 52403

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 ▼ 330.00

Date of Receipt 12 / 30 / 2009

Transaction ID: SA11AI.31076

Amount of Each Receipt this Period 225.00

Bi-Weekly Payroll Contribution \$15.00

B.

Full Name (Last, First, Middle Initial)
Marionlee J Specter

Mailing Address 5286 Sell Road

City New Tripoli State PA Zip Code 18066

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

Name of Employer HCR ManorCare Inc. Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 12 / 30 / 2009

Transaction ID: SA11AI.31079

Amount of Each Receipt this Period 490.00

Bi-Weekly Payroll Contribution \$35.00

C.

Full Name (Last, First, Middle Initial)
Jane L Stilwell

Mailing Address 2351 S. Rogers

City Springfield State MO Zip Code 65804

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

Name of Employer HCR Manor Care, Inc. Occupation Mobile Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 23 / 2009

Transaction ID: SA11AI.31083

Amount of Each Receipt this Period 650.00

Bi-Weekly Payroll Contribution \$50.00

SUBTOTAL of Receipts This Page (optional) ► 1365.00

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: PAGE 64 / 87
(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)
Anthony J Stinson

Mailing Address 3 Lynnefield Court

City State Zip Code
Medford NJ 08055

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 ▼ 588.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.31084

Amount of Each Receipt this Period
392.00

Bi-Weekly Payroll Contribution \$28.00

B.

Full Name (Last, First, Middle Initial)
Sherri L Stoltzfus

Mailing Address 119 East Manor Dr.

City State Zip Code
Lititz PA 17543

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 ▼ 281.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31086

Amount of Each Receipt this Period
243.75

Bi-Weekly Payroll Contribution \$18.75

C.

Full Name (Last, First, Middle Initial)
Ms. Victoria Strom

Mailing Address Route 1

City State Zip Code
Victoria IL 61485

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

Name of Employer Occupation
HCR.ManorCare, Inc. MMD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31088

Amount of Each Receipt this Period
390.00

Bi-Weekly Payroll Contribution \$30.00

SUBTOTAL of Receipts This Page (optional) ► **1025.75**

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 65 / 87
(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. Eric Talbert

Mailing Address 7231 Stonewater Ct

City State Zip Code
Maumee OH 43537

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.31091

Amount of Each Receipt this Period 260.00

Bi-Weekly Payroll Contribution \$20.00

B. Full Name (Last, First, Middle Initial)
Cyndi K Taplin

Mailing Address 5405 Buttrick SE

City State Zip Code
Alto MI 49302

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1228.80

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.31092

Amount of Each Receipt this Period 1064.96

Bi-Weekly Payroll Contribution \$81.92

C. Full Name (Last, First, Middle Initial)
Rami Ubaydi

Mailing Address 27134 Pumpkin Street

City State Zip Code
Murrieta CA 92562

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 ▼ 1300.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.31098

Amount of Each Receipt this Period 650.00

Bi-Weekly Payroll Contribution \$50.00

SUBTOTAL of Receipts This Page (optional) ► 1974.96

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 66 / 87
	<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)
Lisa Ulm

Mailing Address 217 S. First St.

City State Zip Code
West Dundee IL 60118

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

Name of Employer Occupation
HCR Manor Care, Inc. Business Office Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: SA11AI.31099

Amount of Each Receipt this Period
210.00

Bi-Weekly Payroll Contribution \$15.00

B.

Full Name (Last, First, Middle Initial)
Angela Jane Valadez

Mailing Address 1517 W. Chateau Avenue

City State Zip Code
Anaheim CA 92802

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 ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: SA11AI.31100

Amount of Each Receipt this Period
150.00

Bi-Weekly Payroll Contribution \$10.00

C.

Full Name (Last, First, Middle Initial)
Suzanne Waldo

Mailing Address 267 Mather Road

City State Zip Code
Jenkintown PA 19046

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 ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.31102

Amount of Each Receipt this Period
140.00

Bi-Weekly Payroll Contribution \$10.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 67 / 87
	<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. Douglas Wanke	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 13908 Pondview Road	Transaction ID: SA11AI.31104
	City State Zip Code Silver Spring MD 20905	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$50.00
	Name of Employer Occupation HCR.ManorCare, Inc. Director of Health Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Toni Y Williams	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 141 Boiling Spring Cir	Transaction ID: SA11AI.31107
	City State Zip Code Southern Pines NC 28387	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$10.00
	Name of Employer Occupation HCR ManorCare Inc. Admin Dir Of Nursing Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 428.40	

C.	Full Name (Last, First, Middle Initial) Mark A Wilson	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 140 Packet Drive	Transaction ID: SA11AI.31108
	City State Zip Code Charles Town WV 25414	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Contribution \$25.00
	Name of Employer Occupation HCR Manor Care, Inc. Regional Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

SUBTOTAL of Receipts This Page (optional)	1105.00
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: PAGE 68 / 87
(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 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1178.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31110

Amount of Each Receipt this Period
766.22

Bi-Weekly Payroll Contribution \$58.94

B.

Full Name (Last, First, Middle Initial)
Julie A Yoxtheimer

Mailing Address 249 E Pearl St

City State Zip Code
Findlay OH 45840

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

Name of Employer Occupation
HCR ManorCare Inc. Sr Reimbursement Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 472.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31114

Amount of Each Receipt this Period
260.00

Bi-Weekly Payroll Contribution \$20.00

C.

Full Name (Last, First, Middle Initial)
Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City State Zip Code
Toledo OH 43613

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

Name of Employer Occupation
HCR ManorCare Inc. Senior Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 601.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.31115

Amount of Each Receipt this Period
521.56

Bi-Weekly Payroll Contribution \$40.12

SUBTOTAL of Receipts This Page (optional) ► **1547.78**

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 69 / 87
(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)
Daniel A Zawadzki

Mailing Address 18910 Mallard Cove

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. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.31116

Amount of Each Receipt this Period
208.00

Bi-Weekly Payroll Contribution \$16.00

B. Full Name (Last, First, Middle Initial)
Harriet D Zomerfeld

Mailing Address 10 Stone Barn Dr

City State Zip Code
Hockessin DE 19707

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 ▼ 230.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.31119

Amount of Each Receipt this Period
130.00

Bi-Weekly Payroll Contribution \$10.00

SUBTOTAL of Receipts This Page (optional) ► **338.00**

TOTAL This Period (last page this line number only) ► **93600.83**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 70 / 87	
	(check only one)			
<input 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 checked="" 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) Friends of Roger Kahn for Senate		Date of Receipt			
	Mailing Address P.O. Box 1627		M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 9			
	City	State	Zip Code	Transaction ID: SA16.30706		
	Saginaw	MI	48605	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		C		300.00	
	Name of Employer		Occupation		Refund of original contribution made on 01/27/2009	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		300.00		

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	300.00

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 checked="" 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) ADLER FOR CONGRESS			Transaction ID: SB23.30667 Date of Disbursement																					
	Mailing Address 14 KNIGHTSWOOD DRIVE			<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>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	8		2	5		2	0	0	9															
City MARLTON		State NJ	Zip Code 08053		Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																									
Purpose of Disbursement Donation for event held on 09/14/09			<table border="1"> <tr><td>011</td></tr> <tr><td>Category/ Type</td></tr> </table>		011	Category/ Type																			
011																									
Category/ Type																									
Candidate Name JOHN H. ADLER		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President																							
State: NJ District: 03		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
B.	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS			Transaction ID: SB23.30737 Date of Disbursement																					
	Mailing Address P.O. Box 8508			<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>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	2		0	9		2	0	0	9															
City Utica		State NY	Zip Code 13505		Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																									
Purpose of Disbursement Donation for event held on 12/11/2009			<table border="1"> <tr><td>011</td></tr> <tr><td>Category/ Type</td></tr> </table>		011	Category/ Type																			
011																									
Category/ Type																									
Candidate Name MICHAEL A. ARCURI		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President																							
State: NY District: 24		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
C.	Full Name (Last, First, Middle Initial) BENNET FOR COLORADO			Transaction ID: SB23.30740 Date of Disbursement																					
	Mailing Address 1900 GRANT STREET SUITE 1170			<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>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	2		1	4		2	0	0	9															
City DENVER		State CO	Zip Code 80203		Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																									
Purpose of Disbursement Donation for event held on 12/17/2009			<table border="1"> <tr><td>011</td></tr> <tr><td>Category/ Type</td></tr> </table>		011	Category/ Type																			
011																									
Category/ Type																									
Candidate Name MICHAEL F BENNET		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President																							
State: CO District: 00		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) BENNET FOR COLORADO	Transaction ID: SB23.30741
	Mailing Address 1900 GRANT STREET SUITE 1170	Date of Disbursement 12 / 14 / 2009
	City DENVER State CO Zip Code 80203	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Donation for event held on 12/17/2009	011 Category/ Type
	Candidate Name MICHAEL F BENNET	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHARLIE CRIST FOR US SENATE	Transaction ID: SB23.30713
	Mailing Address PO BOX 1694	Date of Disbursement 09 / 23 / 2009
	City TALLAHASSEE State FL Zip Code 32302	Amount of Each Disbursement this Period 3500.00
	Purpose of Disbursement Donation for event held on 09/30/09	011 Category/ Type
	Candidate Name CHARLIE CRIST	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CLARKE FOR CONGRESS	Transaction ID: SB23.30710
	Mailing Address 111-36 200th. Street	Date of Disbursement 09 / 11 / 2009
	City Hollis State NY Zip Code 11412	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Donation for event held on 09/17/09	011 Category/ Type
	Candidate Name YVETTE D CLARKE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
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"/> 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. COMMITTEE TO ELECT CHRIS MURPHY

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Donation for event held on 10/21/09

Candidate Name
CHRISTOPHER S MR. MURPHY

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CT District: 05

Transaction ID: SB23.30723
Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

2000.00

B. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1631

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement
Donation for event held on 10/19/09

Candidate Name
ELIJAH E CUMMINGS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MD District: 07

Transaction ID: SB23.30719
Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

C. DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Full Name (Last, First, Middle Initial)

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement
Donation for event held on 10/21/09

Candidate Name
DANNY K DAVIS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 07

Transaction ID: SB23.30717
Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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 74 / 87

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) DEMOCRATIC PARTY OF WISCONSIN	Transaction ID: SB23.30745 Date of Disbursement	12 / 29 / 2009
	Mailing Address 222 W. Washington Avenue Suite 150		Amount of Each Disbursement this Period 1000.00
	City Madison State WI Zip Code 53703		
	Purpose of Disbursement Donation	011 Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	Transaction ID: SB23.30661 Date of Disbursement	07 / 31 / 2009
	Mailing Address 120 MARYLAND AVENUE NE		Amount of Each Disbursement this Period 10000.00
	City WASHINGTON State DC Zip Code 20002		
	Purpose of Disbursement Donation		
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) DRIEHAUS FOR CONGRESS	Transaction ID: SB23.30739 Date of Disbursement	12 / 09 / 2009
	Mailing Address 650 Fox Trails Way		Amount of Each Disbursement this Period 1000.00
	City Cincinnati State OH Zip Code 45233		
	Purpose of Disbursement Donation for event held on 12/10/2009	011 Category/ Type	
	Candidate Name STEVEN L DRIEHAUS		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	12000.00
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"/> 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)
EARL POMEROY FOR CONGRESS

Mailing Address Post Office Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement
Donation for event held on 12/17/2009

Candidate Name
EARL R. POMEROY

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: ND District: 00

Transaction ID: SB23.30742
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. Full Name (Last, First, Middle Initial)
ENZI FOR US SENATE

Mailing Address PO BOX 2775

City CODY State WY Zip Code 82414

Purpose of Disbursement
Donation for event held on 09/24/09

Candidate Name
MICHAEL B ENZI

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District: 00

Transaction ID: SB23.30677
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C. Full Name (Last, First, Middle Initial)
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Donation for event held on 07/15/09

Candidate Name
ERIC CANTOR

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 07

Transaction ID: SB23.30649
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

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"/> 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)
FRANK KRATOVIL FOR CONGRESS

Mailing Address 222 Main Sail Drive
PO Box 518

City State Zip Code
Stevensville MD 21666

Purpose of Disbursement
Donation for event held on 11/30/09

Candidate Name
FRANK M MR. JR KRATOVIL

Office Sought: House Senate President
State: MD District: 01
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.30731
Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

1500.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
FRIENDS FOR GREGORY MEEKS

Mailing Address 153-01 Jamaica Ave. Suite 535

City State Zip Code
Jamaica NY 11432

Purpose of Disbursement
Donation for event held on 09/18/09

Candidate Name
GREGORY W. MEEKS

Office Sought: House Senate President
State: NY District: 06
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.30669
Date of Disbursement

08 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
FRIENDS OF BYRON DORGAN

Mailing Address 122 Maryland Avenue NE
Suite 3A

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Donation for event held on 12/02/2009

Candidate Name
BYRON L DORGAN

Office Sought: House Senate President
State: ND District: 00
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.30732
Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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"/> 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) FRIENDS OF CHRIS DODD Mailing Address PO BOX 270701 City WEST HARTFORD State CT Zip Code 06127 Purpose of Disbursement Donation for event held on 11/06/09 Candidate Name CHRISTOPHER J DODD Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.30727 Date of Disbursement 10 / 29 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908-12 Cincinnati Dayton Road City West Chester State OH Zip Code 45069 Purpose of Disbursement Donation for event held on 07/07/09 Candidate Name JOHN A BOEHNER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.30647 Date of Disbursement 07 / 01 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908-12 Cincinnati Dayton Road City West Chester State OH Zip Code 45069 Purpose of Disbursement Donation for event held on 07/07/09 Candidate Name JOHN A BOEHNER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.30648 Date of Disbursement 07 / 01 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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"/> 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) FRIENDS OF SCHUMER <hr/> Mailing Address 509 MADISON AVE SUITE 1902 <hr/> City NEW YORK State NY Zip Code 10022 <hr/> Purpose of Disbursement Donation for event held on 09/08/09 Candidate Name CHARLES E SCHUMER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.30681 Date of Disbursement 09 / 08 / 2009
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER <hr/> Mailing Address 509 MADISON AVE SUITE 1902 <hr/> City NEW YORK State NY Zip Code 10022 <hr/> Purpose of Disbursement Donation for event held on 11/10/2009 Candidate Name CHARLES E SCHUMER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.30730 Date of Disbursement 11 / 25 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS <hr/> Mailing Address PO BOX 2408 <hr/> City LOVELAND State CO Zip Code 80539 <hr/> Purpose of Disbursement Contribution Candidate Name CORY GARDNER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.30686 Date of Disbursement 11 / 09 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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"/> 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)
HALVORSON FOR CONGRESS

Mailing Address PO Box 176

City State Zip Code
Crete IL 60417

Purpose of Disbursement
Donation for event held on 09/15/09

Candidate Name
DEBORAH 'DEBBIE' HALVORSON

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: IL District: 11

Transaction ID: SB23.30709
Date of Disbursement

09 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement
Donation for event held on 07/23/09

Candidate Name
ORRIN G HATCH

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: UT District: 00

Transaction ID: SB23.30652
Date of Disbursement

07 / 14 / 2009

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
HOOSIERS FOR HILL

Mailing Address PO Box 1071

City State Zip Code
Seymour IN 47274

Purpose of Disbursement
Donation for event held on 10/21/09

Candidate Name
BARON P HILL

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: IN District: 09

Transaction ID: SB23.30722
Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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"/> 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)
JIM RENACCI FOR CONGRESS

Transaction ID: SB23.30743
Date of Disbursement

Mailing Address 150 SMOKERISE DR

/ /

City WADSWORTH State OH Zip Code 44281

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation

Category/
Type

Candidate Name
JAMES B RENACCI

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: OH District: 16

B.

Full Name (Last, First, Middle Initial)
KAGEN 4 CONGRESS

Transaction ID: SB23.30735
Date of Disbursement

Mailing Address 100 W. College Ave.
50 D

/ /

City Appleton State WI Zip Code 54911

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation for event held on 12/16/2009

Category/
Type

Candidate Name
STEVEN L KAGEN

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: WI District: 08

C.

Full Name (Last, First, Middle Initial)
KIND FOR CONGRESS COMMITTEE

Transaction ID: SB23.30707
Date of Disbursement

Mailing Address 205 5th Avenue South
Suite 428

/ /

City La Crosse State WI Zip Code 54601

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation for event held on 09/14/09

Category/
Type

Candidate Name
RON KIND

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: WI District: 03

SUBTOTAL of Disbursements This Page (optional) ▶

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"/> 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)
KLEIN FOR CONGRESS

Transaction ID: SB23.30712
Date of Disbursement

Mailing Address 301 Yamato Road
Suite 2198

/ /

City BOCA RATON State FL Zip Code 33433

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation for event held on 09/14/09

Category/
Type

Candidate Name
RON KLEIN

Office Sought: House
 Senate
 President
State: FL District: 22

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
MCNERNEY FOR CONGRESS

Transaction ID: SB23.30724
Date of Disbursement

Mailing Address 6520 Village Parkway
Second Floor

/ /

City Dublin State CA Zip Code 94568

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation for event held on 10/21/09

Category/
Type

Candidate Name
JERRY MCNERNEY

Office Sought: House
 Senate
 President
State: CA District: 11

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
MIKE CRAPO FOR US SENATE

Transaction ID: SB23.30662
Date of Disbursement

Mailing Address PO BOX 1948

/ /

City BOISE State ID Zip Code 83701

Amount of Each Disbursement this Period

Purpose of Disbursement
Donation for event held on 08/11/09

Category/
Type

Candidate Name
MICHAEL D CRAPO

Office Sought: House
 Senate
 President
State: ID District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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"/> 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

<p>A. Full Name (Last, First, Middle Initial) NORTH DAKOTA DEMOCRATIC-NONPARTISAN LEAGUE PARTY</p> <p>Mailing Address PO BOX 4225</p> <p>City BISMARCK State ND Zip Code 58502</p> <p>Purpose of Disbursement Donation for event held on 09/16/09</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.30676 Date of Disbursement 09 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) ORRINPAC</p> <p>Mailing Address 175 S. WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.30716 Date of Disbursement 10 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>012 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) PAC TO THE FUTURE</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Donation for event held on 08/13/09</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.30664 Date of Disbursement 08 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	15000.00
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"/> 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)
PAT ROBERTS VICTORY COMMITTEE; THE

Mailing Address 610 S BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
Donation for event held on 07/22/09

Candidate Name
PAT ROBERTS

Office Sought: House
 Senate
 President
State: KS District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.30653
Date of Disbursement

07 / 14 / 2009

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
PORTMAN FOR SENATE COMMITTEE

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement
Donation for event held on 09/08/09

Candidate Name
ROB PORTMAN

Office Sought: House
 Senate
 President
State: OH District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.30674
Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
PORTMAN FOR SENATE COMMITTEE

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement
Donation for event held on 09/08/09

Candidate Name
ROB PORTMAN

Office Sought: House
 Senate
 President
State: OH District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.30675
Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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"/> 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) PORTMAN FOR SENATE COMMITTEE	Transaction ID: SB23.30718 Date of Disbursement																			
	Mailing Address 8331 LITTLE HARBOR DRIVE	<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>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	0	9												
	City CINCINNATI State OH Zip Code 45244	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Donation for event held on 09/08/09	<table border="1"><tr><td>1600.00</td></tr></table>	1600.00																		
1600.00																					
	Candidate Name ROB PORTMAN	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE	Transaction ID: SB23.30734 Date of Disbursement																			
	Mailing Address 8331 LITTLE HARBOR DRIVE	<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>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	7		2	0	0	9												
	City CINCINNATI State OH Zip Code 45244	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Donation for event held on 12/08/09	<table border="1"><tr><td>2400.00</td></tr></table>	2400.00																		
2400.00																					
	Candidate Name ROB PORTMAN	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND	Transaction ID: SB23.30650 Date of Disbursement																			
	Mailing Address P.O. Box 32025	<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>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	9		2	0	0	9												
	City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Donation for event held on 07/14/09	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name JON L KYL	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6500.00</td></tr></table>	6500.00
6500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**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 85 / 87

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
ZACK SPACE FOR CONGRESS COMMITTEE

Transaction ID: SB23.30725

Date of Disbursement

Mailing Address 123 West High Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	9

City State Zip Code
New Philadelphia OH 44663

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Donation for event held on 10/21/09

011
Category/ Type

Candidate Name
ZACHARY T SPACE

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 18

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

99000.00

**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"/> 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) Friends of Anthony Brown	Transaction ID: SB29.30659 Date of Disbursement 07 / 27 / 2009
	Mailing Address 1010 Hull Street #202	Amount of Each Disbursement this Period 3750.00
	City Baltimore State MD Zip Code 21230	
	Purpose of Disbursement Donation for event held on 07/29/09	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Armond Budish	Transaction ID: SB29.30721 Date of Disbursement 10 / 19 / 2009
	Mailing Address 23240 Chagrin Blvd. Building 4	Amount of Each Disbursement this Period 1000.00
	City Beachwood State OH Zip Code 44122	
	Purpose of Disbursement Donation for event held on 11/05/09	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pennsylvania Health Care Association PAC	Transaction ID: SB29.30715 Date of Disbursement 09 / 30 / 2009
	Mailing Address 315 N. Second Street	Amount of Each Disbursement this Period 1000.00
	City Harrisburg State PA Zip Code 17101	
	Purpose of Disbursement Donation	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5750.00
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 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) Strickland for Governor <hr/> Mailing Address 65 East State Street Suite 1800 <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement Donation for event held on 12/16/09 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.30746 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
B. Full Name (Last, First, Middle Initial) Teresa Fedor for Senate Committee <hr/> Mailing Address 2054 Belvedere Drive <hr/> City Toledo State OH Zip Code 43614 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.30729 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional) ►

2300.00

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

8050.00