



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**HCR MANOR CARE PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		17327.88
(b) Cash on Hand at Beginning of Reporting Period.....	27493.93	
(c) Total Receipts (from Line 19) .....	47636.10	108869.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	75130.03	126197.53
7. Total Disbursements (from Line 31).....	59144.45	110211.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15985.58	15985.58
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
**HCR MANOR CARE PAC**

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

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).....	38235.71	81070.50
(ii) Unitemized .....	9398.23	27796.26
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	47633.94	108866.76
(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) .....	47633.94	108866.76
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.16	2.89
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	47636.10	108869.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	47636.10	108869.65

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	144.45	161.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	144.45	161.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	93500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	13000.00	16550.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	59144.45	110211.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59144.45	110211.95

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	47633.94	108866.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47633.94	108866.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	144.45	161.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	144.45	161.95

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

This modification corrects the itemized detail for line 29. Originally, the report was filed included two contributions totaling \$2,000 that were cancelled prior to the report submission. The total ending cash position of committee remains unchanged from the original report of \$15,985.58.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**HCR MANOR CARE PAC**

**A. Charlean Adams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 219 Evergreen Ln  
City Twin Lakes State WI Zip Code 53181  
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 ▼ 548.90

Date of Receipt 06 / 29 / 2012  
**Transaction ID : SA11AI.35260**  
Amount of Each Receipt this Period 198.90  
Bi-Weekly Payroll Deduction

**B. Martin D Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7151 Whispering Oak  
City Sylvania State OH Zip Code 43560  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HCR ManorCare Inc. Occupation AVP / Dir Internal Aud & Risk  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2115.35

Date of Receipt 06 / 29 / 2012  
**Transaction ID : SA11AI.35559**  
Amount of Each Receipt this Period 961.49  
Bi-Weekly Payroll Deduction

**C. Eugene Amanahu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9612 Watts Road  
City Owings Mills State MD Zip Code 21117  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HCR Manor Care, Inc. Occupation Admin Director of Nursing Services  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 239.90

Date of Receipt 06 / 29 / 2012  
**Transaction ID : SA11AI.35558**  
Amount of Each Receipt this Period 71.97  
Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 1232.36  
**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 8 OF 59
	<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. Jeffrey R Amann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5100 Newton Ave. South  
 City State Zip Code  
 Minneapolis MN 55419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCR ManorCare Regional Director of Operation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 317.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35609**  
 Amount of Each Receipt this Period  
 317.30  
 Bi-Weekly Payroll Deduction

**B. Sandy K Annesser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 808 Continental  
 City State Zip Code  
 Waterville OH 43566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCR ManorCare, Inc. CBO Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.57

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35557**  
 Amount of Each Receipt this Period  
 137.55  
 Bi-Weekly Payroll Deduction

**C. Michael Armstrong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 N. Remington Rd.  
 City State Zip Code  
 Bexley OH 43209  
 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 ▼  
 304.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35556**  
 Amount of Each Receipt this Period  
 126.95  
 Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	581.80
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCR MANOR CARE PAC**

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

Mailing Address 6240 N. Broadway

City Freeport	State MI	Zip Code 49325
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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 ▼  
223.02

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35551**

Amount of Each Receipt this Period  
223.02

Bi-Weekly Payroll Deduction

**B. Ms Tammy Barker**  
Full Name (Last, First, Middle Initial)

Mailing Address 4521 Sutton Rd

City Britton	State MI	Zip Code 49229
-----------------	-------------	-------------------

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

Name of Employer HCR Manor Care, LLC.	Occupation AVP - Quality Support Svcs
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
698.01

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35550**

Amount of Each Receipt this Period  
376.95

Bi-Weekly Payroll Deduction

**C. Joseph Barrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 448 Woodcrest Drive

City Mechanicsburg	State PA	Zip Code 17050
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
362.91

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35545**

Amount of Each Receipt this Period  
196.77

Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	796.74
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 59
	<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**

Full Name (Last, First, Middle Initial)  
**A. Kimberley K Bassett**

Mailing Address 208 E. Scott

City Tuscola State IL Zip Code 61953

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

Name of Employer HCR ManorCare Occupation Director of Quality Improvement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **263.58**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35610**

Amount of Each Receipt this Period  
**263.58**

Bi-Weekly Payroll Deduction

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

Mailing Address 910 Orchard Drive

City Rossford State OH Zip Code 43460

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35544**

Amount of Each Receipt this Period  
**84.00**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Ms Julie Beckert**

Mailing Address 3911 Buell

City Toledo State OH Zip Code 43613

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35542**

Amount of Each Receipt this Period  
**360.00**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **707.58**

**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 11 OF 59  
(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**

Full Name (Last, First, Middle Initial)  
**A. Richard Black**

Mailing Address 2409 Drummond Rd

City Toledo State OH Zip Code 43616

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

Name of Employer HCR ManorCare Occupation Corporate Rehab Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **483.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2012  
**Transaction ID : SA11AI.35203**

Amount of Each Receipt this Period  
**483.50**

Credit Card Contribution

Full Name (Last, First, Middle Initial)  
**B. Jean Tina Blahofski**

Mailing Address 4266 Weston Dr

City Weston Lakes State TX Zip Code 77441

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35538**

Amount of Each Receipt this Period  
**75.00**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. James R Bolton**

Mailing Address 2209 Bayward Blvd

City Wilmington State DE Zip Code 19802

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 ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35536**

Amount of Each Receipt this Period  
**120.00**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **678.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HCR MANOR CARE PAC**

**A. David Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 Kingwood Rd  
 City Linthicum Heights State MD Zip Code 21090  
 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 **336.48**

Date of Receipt **06 / 29 / 2012**  
**Transaction ID : SA11AI.35527**  
 Amount of Each Receipt this Period **48.00**  
 Bi-Weekly Payroll Deduction

**B. Candace Burks-McCoy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 N. Shore Dr  
 City Cisco State TX Zip Code 76437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCR ManorCare, Inc. Occupation Senior Manager Clinical Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **385.00**

Date of Receipt **06 / 29 / 2012**  
**Transaction ID : SA11AI.35526**  
 Amount of Each Receipt this Period **175.00**  
 Bi-Weekly Payroll Deduction

**C. Charlotte Butts Price Leonard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 911 Fieldstone Way  
 City West Palm Beach State FL Zip Code 33413  
 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 **379.38**

Date of Receipt **06 / 29 / 2012**  
**Transaction ID : SA11AI.35524**  
 Amount of Each Receipt this Period **205.86**  
 Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>428.86</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 13 OF 59  
(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**

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

Mailing Address 4685 Rio Poco Ct

City Naples State FL Zip Code 34109

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 ▼ **415.45**

Date of Receipt **06 / 29 / 2012**  
**Transaction ID : SA11AI.35523**

Amount of Each Receipt this Period **138.55**

Bi-Weekly Payroll Deduction

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

Mailing Address 38 Bentley Court

City Bedminster State NJ Zip Code 07921

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 ▼ **325.38**

Date of Receipt **06 / 29 / 2012**  
**Transaction ID : SA11AI.35521**

Amount of Each Receipt this Period **145.38**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Steve Carr**

Mailing Address 123 Melrose Avenue

City Lansdowne State PA Zip Code 19050

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

Name of Employer HCR Manor Care, Inc. Occupation MMD - Eastern Division Region 5

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 29 / 2012**  
**Transaction ID : SA11AI.35519**

Amount of Each Receipt this Period **120.00**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **403.93**

**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: (check only one)	PAGE 14 OF 59
	<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. Javier Cavero**  
Full Name (Last, First, Middle Initial)

Mailing Address 3077 N. Oakland Forest Dr. #202

City Oakland Park	State FL	Zip Code 33309
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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 ▼  
305.78

Date of Receipt  
06 / 29 / 2012  
**Transaction ID : SA11AI.35518**

Amount of Each Receipt this Period  
120.00

Bi-Weekly Payroll Deduction

**B. Karen R Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 1129 West Hunter

City Nevada	State MO	Zip Code 64772
----------------	-------------	-------------------

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 ▼  
275.00

Date of Receipt  
06 / 29 / 2012  
**Transaction ID : SA11AI.35515**

Amount of Each Receipt this Period  
100.00

Bi-Weekly Payroll Deduction

**C. Bruce Clement**  
Full Name (Last, First, Middle Initial)

Mailing Address 2145 Sawgrass Ln

City Pewaukee	State MI	Zip Code 53072
------------------	-------------	-------------------

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

Name of Employer HCR ManorCare	Occupation Administrator
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
05 / 02 / 2012  
**Transaction ID : SA11AI.35197**

Amount of Each Receipt this Period  
600.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	820.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 59
	<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**

Full Name (Last, First, Middle Initial) <b>A. April Conn</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35514</b>
Mailing Address Rt. 1 Box 15B		Amount of Each Receipt this Period 75.00
City Hume	State MT	Zip Code 64752
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR ManorCare	Occupation Admin Dir Of Nursing Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Johanna Crowder</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35510</b>
Mailing Address 31524 Delaware		Amount of Each Receipt this Period 289.60
City Livonia	State MI	Zip Code 48150
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR. Manor Care, Inc	Occupation Manager of Market Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 566.50	

Full Name (Last, First, Middle Initial) <b>C. Karen Davidson</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35505</b>
Mailing Address 612 West Magnolia		Amount of Each Receipt this Period 414.00
City Pana	State IL	Zip Code 62557
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care, Inc.	Occupation DCS - Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 762.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	778.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. Gurprit Dhaliwal</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35503</b>
Mailing Address 31744 Calle Girasol		Amount of Each Receipt this Period 35.00
City Temecula	State CA	Zip Code 92591
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care Inc	Occupation Administrator	Aggregate Year-to-Date 284.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Jennifer Dudd</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35501</b>
Mailing Address 5313 Selago Dr		Amount of Each Receipt this Period 165.00
City Keller	State TX	Zip Code 76244
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR Manor Care, LLC.	Occupation Administrator	Aggregate Year-to-Date 255.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms Nancy Edwards</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35500</b>
Mailing Address 9261 Lerwick Dr		Amount of Each Receipt this Period 1346.17
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR.ManorCare, Inc.	Occupation General Manager, Central Division	Aggregate Year-to-Date 2500.03
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1546.17
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 17 OF 59  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. John Ehle**

Mailing Address 14400 Michaux View Way

City Midlothian	State VA	Zip Code 23113
--------------------	-------------	-------------------

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

Name of Employer HCR Manor Care, LLC.	Occupation Administrator
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.92**

Date of Receipt  

M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

**Transaction ID : SA11AI.35499**

Amount of Each Receipt this Period  

99.55
-------

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Linda J Emmett**

Mailing Address 10408 Meadowlark Ct. East

City Bonney Lake	State WA	Zip Code 98391
---------------------	-------------	-------------------

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 ▼ **450.00**

Date of Receipt  

M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

**Transaction ID : SA11AI.35497**

Amount of Each Receipt this Period  

270.00
--------

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Lisa Evans**

Mailing Address 24013 22nd Ave West

City Bothell	State WA	Zip Code 98021
-----------------	-------------	-------------------

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

Name of Employer HCR Manor Care	Occupation Administrator
------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

**Transaction ID : SA11AI.35496**

Amount of Each Receipt this Period  

150.00
--------

Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>519.55</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 59  
(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. Waleed Fadayel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2226 Candlemakers Lane  
 City State Zip Code  
 Maineville OH 45039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCR ManorCare Administrator  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35495**  
 Amount of Each Receipt this Period  
 75.00  
 Bi-Weekly Payroll Deduction

**B. R Michael Ferguson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2450 Underhill Rd  
 City State Zip Code  
 Toledo OH 43615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCR ManorCare Inc. VP & Dir of Purchasing  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1382.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35493**  
 Amount of Each Receipt this Period  
 1152.00  
 Bi-Weekly Payroll Deduction

**C. Laura L Flannigan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 Argonne Dr.  
 City State Zip Code  
 Concord CA 94518  
 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 ▼  
 442.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35490**  
 Amount of Each Receipt this Period  
 204.24  
 Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ► 1431.24  
**TOTAL** This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 59
	<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**

Full Name (Last, First, Middle Initial)  
**A. George Frill**

Mailing Address 2006 Hale Ct

City State Zip Code  
Wyomiseing PA 19610

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
313.64

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2012  
**Transaction ID : SA11AI.35484**

Amount of Each Receipt this Period  
169.88

Bi-Weekly Payroll Deduction

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

Mailing Address 2011 20th Lane

City State Zip Code  
Palm Beach Gardens FL 33418

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 ▼  
290.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2012  
**Transaction ID : SA11AI.35480**

Amount of Each Receipt this Period  
170.00

Bi-Weekly Payroll Deduction

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

Mailing Address 28561 Woodland Ave

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 Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
386.16

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2012  
**Transaction ID : SA11AI.35479**

Amount of Each Receipt this Period  
96.54

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 436.42

**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 OF 59
	<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. Mr. Leonard Grabijas**  
 Full Name (Last, First, Middle Initial)  
 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 Manor Care, LLC. VP Sales & Mktng  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 484.59

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35474**  
 Amount of Each Receipt this Period  
 346.14  
 Bi-Weekly Payroll Deduction

**B. Ruth G Graziano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 Elk Mills Road  
 City State Zip Code  
 Oxford PA 19363  
 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 ▼  
 1069.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35473**  
 Amount of Each Receipt this Period  
 469.24  
 Bi-Weekly Payroll Deduction

**C. Ms Gayla M Haley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 County Rd  
 City State Zip Code  
 Tenaha TX 75974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCR ManorCare, LLC Administrator  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 349.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35468**  
 Amount of Each Receipt this Period  
 162.68  
 Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	978.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 59
	<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**

Full Name (Last, First, Middle Initial)  
**A. Monica Harding**

Mailing Address 6005 Tree swallow Ct.

City Columbia State MD Zip Code 21044

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

Name of Employer HCR Manor Care Occupation Admin Dir Of Nursing Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **286.13**

Date of Receipt **06 / 29 / 2012**

**Transaction ID : SA11AI.35466**

Amount of Each Receipt this Period **132.06**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Karen Harris**

Mailing Address 8250 SW 8th St

City North Lauderdale State FL Zip Code 33068

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

Name of Employer HCR ManorCare Inc. Occupation Assistant Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.50**

Date of Receipt **06 / 29 / 2012**

**Transaction ID : SA11AI.35465**

Amount of Each Receipt this Period **203.78**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Katherine A Harrison**

Mailing Address 99 Myrtle Avenue

City Nutley State NJ Zip Code 07110

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 10 / 2012**

**Transaction ID : SA11AI.35240**

Amount of Each Receipt this Period **250.00**

contribution

**SUBTOTAL** of Receipts This Page (optional)..... **585.84**

**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 22 OF 59
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Alan Hash</b>		Date of Receipt
Mailing Address 9496 South Dunbar Circle		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
South Jordan	UT	84095
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
HCR Manor Care, Inc.	Regional Director - Western Division 5	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="835.42"/>	
		Transaction ID : SA11AI.35463
		Amount of Each Receipt this Period
		<input type="text" value="600.00"/>
		Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Kevin C Henricks</b>		Date of Receipt
Mailing Address 23636 W. Chicago St. Unit 102		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Plainfield	IL	60544
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
HCR ManorCare Inc.	Regional Director of Operation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : SA11AI.35460
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
		Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Elizabeth B. Hill</b>		Date of Receipt
Mailing Address 1285 Sunhill Drive		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lawrenceville	GA	30043
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
HCR.ManorCare, Inc.	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.05"/>	
		Transaction ID : SA11AI.35456
		Amount of Each Receipt this Period
		<input type="text" value="173.10"/>
		Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="973.10"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 59
	<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. Timothy M Hock**  
Full Name (Last, First, Middle Initial)

Mailing Address 8054 Tillicum Grove North

City	State	Zip Code
Rockford	MI	49341

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SA11AI.35453**

Amount of Each Receipt this Period  

346.14
--------

Bi-Weekly Payroll Deduction

**B. Jason Hohlfelder**  
Full Name (Last, First, Middle Initial)

Mailing Address 8103 Alimoore Green

City	State	Zip Code
Dublin	OH	43016

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

Name of Employer	Occupation
HCR ManorCare	Regional Director of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2012

**Transaction ID : SA11AI.35204**

Amount of Each Receipt this Period  

250.00
--------

Credit Card Contribution

**C. Rebecca Hollingsead**  
Full Name (Last, First, Middle Initial)

Mailing Address 558 N Hillcrest

City	State	Zip Code
Decatur	IL	62522

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

Name of Employer	Occupation
HCR Manor Care	Director Clinical Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **527.87**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SA11AI.35448**

Amount of Each Receipt this Period  

284.21
--------

Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>880.35</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 59
	<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. Sharon E Hollins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3311 Gallatin Rd  
 City Toledo State OH Zip Code 43606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCR ManorCare Inc. Occupation Assistant General Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **06 / 05 / 2012**  
**Transaction ID : SA11AI.35247**  
 Amount of Each Receipt this Period **1500.00**  
 Contribution

**B. Sharon R Holmes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3207 N. 27th St.  
 City Tacoma State WA Zip Code 98407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCR Manor Care, Inc. Occupation Administrator in Training  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 29 / 2012**  
**Transaction ID : SA11AI.35447**  
 Amount of Each Receipt this Period **120.00**  
 Bi-Weekly Payroll Deduction

**C. Lynn M Hood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15415 Meadow Wood Dr  
 City Wellington State FL Zip Code 33414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCR ManorCare Inc. Occupation Asst General Mgr  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1170.00**

Date of Receipt **06 / 29 / 2012**  
**Transaction ID : SA11AI.35444**  
 Amount of Each Receipt this Period **630.00**  
 Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **2250.00**  
**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 25 OF 59
	<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. Kathryn Hoops**  
Full Name (Last, First, Middle Initial)

Mailing Address 24708 McCutchenville Road

City Perrysburg State OH Zip Code 43551

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **06 / 29 / 2012**

**Transaction ID : SA11AI.35443**

Amount of Each Receipt this Period **840.00**

Bi-Weekly Payroll Deduction

**B. Ms Kate Gieroczynski Huck**  
Full Name (Last, First, Middle Initial)

Mailing Address 65 Washington St

City Topton State PA Zip Code 19562

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

Name of Employer HCR ManorCare, LLC Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.17**

Date of Receipt **06 / 29 / 2012**

**Transaction ID : SA11AI.35441**

Amount of Each Receipt this Period **150.55**

Bi-Weekly Payroll Deduction

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

Mailing Address 1733 Ashfield Dr

City Maumee State OH Zip Code 43537

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 29 / 2012**

**Transaction ID : SA11AI.35440**

Amount of Each Receipt this Period **175.00**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **1165.55**

**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 26 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial) <b>A. Kathleen Hutchison</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35438</b>
Mailing Address 2692 Elton Circle		Amount of Each Receipt this Period 140.00
City Lambertville	State MI	Zip Code 48144
FEC ID number of contributing federal political committee. C	Name of Employer HCR Manor Care, Inc.	Occupation Director Human Resources Ops Support
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Rebecca S Jablon</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35437</b>
Mailing Address 3349 Fairbanks Ave		Amount of Each Receipt this Period 84.00
City TOLEDO	State OH	Zip Code 43615
FEC ID number of contributing federal political committee. C	Name of Employer HCR ManorCare Inc.	Occupation Admin Dir Of Nursing Serv
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Ms Diane Johnson</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35433</b>
Mailing Address 206 Ruth Road		Amount of Each Receipt this Period 350.00
City Fleetwood	State PA	Zip Code 19522
FEC ID number of contributing federal political committee. C	Name of Employer HCR.ManorCare, 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 ▼ 650.00	
Bi-Weekly Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	574.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 59
	<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. Robert G Julius**  
Full Name (Last, First, Middle Initial)

Mailing Address 3321 Pelham Rd

City Ottawa Hills	State OH	Zip Code 43606
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FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc.	Occupation Mgr. Business Office Process Dev.
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **469.38**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SA11AI.35430**

Amount of Each Receipt this Period  

265.38
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Bi-Weekly Payroll Deduction

**B. Susan M Kalas**  
Full Name (Last, First, Middle Initial)

Mailing Address 10921 Cortland Ln

City Huntley	State IL	Zip Code 60142
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.09**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SA11AI.35428**

Amount of Each Receipt this Period  

114.03
--------

Bi-Weekly Payroll Deduction

**C. Linda Karling-Lott**  
Full Name (Last, First, Middle Initial)

Mailing Address 4361 Conrwallis Ct

City Marietta	State GA	Zip Code 30068
------------------	-------------	-------------------

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 ▼ **327.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SA11AI.35426**

Amount of Each Receipt this Period  

98.25
-------

Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>477.66</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HCR MANOR CARE PAC**

**A. Mrs. Kathy Karr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11977 Babbling Brook Rd  
 City Noblesville State IN Zip Code 46060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCR Manor Care Inc. Occupation Senior Administrator  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35425**  
 Amount of Each Receipt this Period  
 135.00  
 Bi-Weekly Payroll Deduction

**B. Anthony J Keelin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2208 26th Avenue^ South  
 City Fargo State ND Zip Code 58103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCR ManorCare Inc. Occupation Administrator  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35421**  
 Amount of Each Receipt this Period  
 125.00  
 Bi-Weekly Payroll Deduction

**C. Dan Kight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2013 Orchard Rd  
 City Toledo State OH Zip Code 43606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCR ManorCare Inc. Occupation Mgr^ Pharmacy Ops Sprt  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35418**  
 Amount of Each Receipt this Period  
 240.00  
 Bi-Weekly Payroll Deduction

**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 29 OF 59
	<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. Vivian Kiraly**  
Full Name (Last, First, Middle Initial)

Mailing Address 4254 Waterbend Drive West

City Maumee State OH Zip Code 43537

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 ▼ **342.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35417**

Amount of Each Receipt this Period  
**192.50**

Bi-Weekly Payroll Deduction

**B. Mr. Elliot Lekawa**  
Full Name (Last, First, Middle Initial)

Mailing Address 13690 Highland Springs Ct

City Wichita State KS Zip Code 67235

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

Name of Employer HCR Manor Care, LLC. Occupation RDO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **338.48**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35403**

Amount of Each Receipt this Period  
**84.62**

Bi-Weekly Payroll Deduction

**C. Tristan Lester**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 12th Court North #810

City Arlington State VA Zip Code 22201

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

Name of Employer HCR ManorCare Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35401**

Amount of Each Receipt this Period  
**100.00**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **377.12**

**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 30 OF 59
	<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. Mr. Richard Louwaert**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 152

City Decatur State MI Zip Code 49045

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

Name of Employer HCR Manor Care, LLC. Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt **06 / 29 / 2012**

**Transaction ID : SA11AI.35396**

Amount of Each Receipt this Period **125.00**

Bi-Weekly Payroll Deduction

**B. Carrie Lund**  
Full Name (Last, First, Middle Initial)

Mailing Address 14802 Dunston Place

City Tampa State FL Zip Code 33618

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

Name of Employer HCR Manor Care, Inc. Occupation Sr. Administrator - Palm Harbor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **06 / 29 / 2012**

**Transaction ID : SA11AI.35393**

Amount of Each Receipt this Period **269.22**

Bi-Weekly Payroll Deduction

**C. Sephanie M Marcotullio**  
Full Name (Last, First, Middle Initial)

Mailing Address 49895 Waterstone Estates Circle

City Northville State MI Zip Code 48168

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 ▼ **214.00**

Date of Receipt **06 / 29 / 2012**

**Transaction ID : SA11AI.35390**

Amount of Each Receipt this Period **26.75**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **420.97**

**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 31 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HCR MANOR CARE PAC**

**A. Joya Marotta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1037 NW 18th Avenue  
 City Boca Raton State FL Zip Code 33486  
 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 **1000.00**

Date of Receipt **04 / 17 / 2012**  
**Transaction ID : SA11AI.35180**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

**B. Laverne M Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8232 Ridge Run Place  
 City Mechanicsville State PA Zip Code 23116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCR Manor Care, Inc. Occupation Admin Dir Of Nursing Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **239.28**

Date of Receipt **06 / 29 / 2012**  
**Transaction ID : SA11AI.35388**  
 Amount of Each Receipt this Period **99.70**  
 Bi-Weekly Payroll Deduction

**C. Linda Mason**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3126 Diehn Ave  
 City Davenport State IA Zip Code 52802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCR Manor Care, Inc. Occupation Director of Nursing  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **265.00**

Date of Receipt **06 / 29 / 2012**  
**Transaction ID : SA11AI.35385**  
 Amount of Each Receipt this Period **90.00**  
 Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1189.70</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HCR MANOR CARE PAC**

**A. Nancy Mason**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 56 Holden Dr  
 City Martinsburg State WV Zip Code 25401  
 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 ▼ 205.00

Date of Receipt 06 / 29 / 2012  
**Transaction ID : SA11AI.35384**  
 Amount of Each Receipt this Period 135.00  
 Bi-Weekly Payroll Deduction

**B. Ms. Janet Mastrangelo (Howells)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 266 Crossing Creek North  
 City Gahanna State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCR.ManorCare, Inc. Occupation Assistant Vice President of Rehab  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 06 / 29 / 2012  
**Transaction ID : SA11AI.35381**  
 Amount of Each Receipt this Period 462.00  
 Bi-Weekly Payroll Deduction

**C. Jill Matelan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 312 N. Franklin St  
 City Fleetwood State PA Zip Code 19522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCR Manor Care, Inc Occupation Administrator - Sinking Spring  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.02

Date of Receipt 06 / 29 / 2012  
**Transaction ID : SA11AI.35380**  
 Amount of Each Receipt this Period 142.14  
 Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 739.14  
**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: (check only one)	PAGE 33 OF 59
	<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. Patricia McCormick**  
Full Name (Last, First, Middle Initial)

Mailing Address 113 Holly Lane

City Perrysburg State OH Zip Code 43551

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

Name of Employer HCR Manor Care, Inc Occupation Legal Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35375**

Amount of Each Receipt this Period  
 216.00

Bi-Weekly Payroll Deduction

**B. Murry Mercier**  
Full Name (Last, First, Middle Initial)

Mailing Address 7110 Oak Bluff Lane

City Maumee State OH Zip Code 43537

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

Name of Employer HCR Manor Care, Inc Occupation VP - Information Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35373**

Amount of Each Receipt this Period  
 769.20

Bi-Weekly Payroll Deduction

**C. Stacy H Mesaros**  
Full Name (Last, First, Middle Initial)

Mailing Address 1304 234th Pl

City Des Moines State WA Zip Code 98198

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 ▼ 269.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35372**

Amount of Each Receipt this Period  
 59.84

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1045.04

**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 34 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HCR MANOR CARE PAC**

**A. Debra Miles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7448 Hickory Valley Drive  
 City Maumee State OH Zip Code 43537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCR ManorCare Inc. Occupation AVP & Director of Accounting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35371**  
 Amount of Each Receipt this Period 270.00  
 Bi-Weekly Payroll Deduction

**B. Scott Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 198 Old Mill Drive  
 City Langhorne State PA Zip Code 19047  
 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 ▼ 670.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35369**  
 Amount of Each Receipt this Period 362.05  
 Bi-Weekly Payroll Deduction

**C. Michael Mithen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35140 Pembroke Ave  
 City Livonia State MI Zip Code 48152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCR ManorCare Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35368**  
 Amount of Each Receipt this Period 100.00  
 Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	732.05
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Tom Myers**

Mailing Address 24927 Prairie Crossing

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 Ops Support - Central

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 29 / 2012**

**Transaction ID : SA11AI.35360**

Amount of Each Receipt this Period  
**150.00**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Ms Joylin Nation**

Mailing Address 15985 Voyageurs Place

City West Palm Beach State FL Zip Code 33414

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 29 / 2012**

**Transaction ID : SA11AI.35358**

Amount of Each Receipt this Period  
**269.22**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Linda Neumann**

Mailing Address 28 Roslyn Road

City Grosse Pointe Shor State MI Zip Code 48236

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 ▼ **884.68**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 29 / 2012**

**Transaction ID : SA11AI.35357**

Amount of Each Receipt this Period  
**423.16**

Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>842.38</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 59
	<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. Eric O'Neill**  
Full Name (Last, First, Middle Initial)

Mailing Address 4009 East Braeburn Dr

City Appleton State WI Zip Code 54913

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

Name of Employer HCR ManorCare Occupation Regional Director of Operation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **574.99**

Date of Receipt **06 / 29 / 2012**

**Transaction ID : SA11AI.35349**

Amount of Each Receipt this Period **309.61**

Bi-Weekly Payroll Deduction

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

Mailing Address 12331 South 71st Avenue

City Palos Heights State IL Zip Code 60463

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 ▼ **780.00**

Date of Receipt **06 / 29 / 2012**

**Transaction ID : SA11AI.35350**

Amount of Each Receipt this Period **420.00**

Bi-Weekly Payroll Deduction

**C. Ms. Annette Orlowski**  
Full Name (Last, First, Middle Initial)

Mailing Address 2664 Heytman Dr

City Lansing State IA Zip Code 52151

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

Name of Employer HCR.ManorCare, Inc. Occupation Director, Clinical Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **843.66**

Date of Receipt **06 / 29 / 2012**

**Transaction ID : SA11AI.35346**

Amount of Each Receipt this Period **439.38**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **1168.99**

**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 37 OF 59
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. David Parker</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35345</b>
Mailing Address 2154 Tremont Road		Amount of Each Receipt this Period 442.30
City Columbus	State OH	Zip Code 43212
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR.ManorCare, Inc.	Occupation VP Assistant General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 973.06	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Richard A Parr II</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35344</b>
Mailing Address 2253 Gray Fox Court		Amount of Each Receipt this Period 1344.00
City Ann Arbor	State MI	Zip Code 48103
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR Manor Care, Inc.	Occupation VP - General Counsel & Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Ms Karen Phelps</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35342</b>
Mailing Address Route 4, Box 87P		Amount of Each Receipt this Period 150.00
City Tecumseh	State OK	Zip Code 74873
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR.ManorCare, Inc.	Occupation Manager Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Bi-Weekly Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1936.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 59
	<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**

Full Name (Last, First, Middle Initial) <b>A. Luke T Pile</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35341</b>
Mailing Address 716B Main St		Amount of Each Receipt this Period 195.09
City Bethlehem	State PA	Zip Code 18018
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
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 ▼ 362.31	

Full Name (Last, First, Middle Initial) <b>B. Clifton J Porter II</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35340</b>
Mailing Address 3929 Azalea Circle		Amount of Each Receipt this Period 700.00
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR ManorCare Inc.	Occupation AVP^ Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.40	

Full Name (Last, First, Middle Initial) <b>C. Douglas M Postlewait</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35633</b>
Mailing Address 656 Wilson Ave SW		Amount of Each Receipt this Period 223.56
City Grand Rapids	State MI	Zip Code 49534
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR ManorCare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.56	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1118.65
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 59
	(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. Cherilyn J Poulsen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15704 Cranberry Ln.  
City Silver Spring State MD Zip Code 20906  
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 06 / 29 / 2012  
**Transaction ID : SA11AI.35338**  
Amount of Each Receipt this Period 80.00  
Bi-Weekly Payroll Deduction

**B. Michael J Reed**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3899 Midshore Drive  
City Naples State FL Zip Code 34109  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HCR Manor Care, Inc. Occupation VP Assisted Living Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2499.97

Date of Receipt 06 / 29 / 2012  
**Transaction ID : SA11AI.35336**  
Amount of Each Receipt this Period 1346.11  
Bi-Weekly Payroll Deduction

**C. Mr. Stewart Reed**  
Full Name (Last, First, Middle Initial)  
Mailing Address 402 Wesley Dr  
City Salisbury State NC Zip Code 28146  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HCR Manor Care, LLC. Occupation RDO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 283.33

Date of Receipt 06 / 29 / 2012  
**Transaction ID : SA11AI.35335**  
Amount of Each Receipt this Period 237.19  
Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 1663.30  
**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 OF 59
	<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. Margaret A Reitmeyer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13 Gregory Drive

City Kenvil	State NJ	Zip Code 07847
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
481.81

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SA11AI.35333**

Amount of Each Receipt this Period  
259.81

Bi-Weekly Payroll Deduction

**B. John Remenar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 724 Beach St

City Brooklyn	State MI	Zip Code 49230
------------------	-------------	-------------------

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

Name of Employer HCR Manor Care	Occupation VP/Director - Financial Services
------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SA11AI.35331**

Amount of Each Receipt this Period  
192.25

Bi-Weekly Payroll Deduction

**C. Patricia B Richards**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 754

City Shady Spring	State WV	Zip Code 25918
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SA11AI.35329**

Amount of Each Receipt this Period  
138.40

Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	590.46
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 59
	<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**

Full Name (Last, First, Middle Initial) <b>A. Cindy A Rogowski</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35325</b>
Mailing Address 6050 Helen		Amount of Each Receipt this Period 120.00
City Garden City	State MI	Zip Code 48135
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR ManorCare Inc.	Occupation Administrator	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. David R Roth</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35324</b>
Mailing Address 5257 Bentwood Drive		Amount of Each Receipt this Period 306.00
City Mason	State OH	Zip Code 45040
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR ManorCare Inc.	Occupation Director Of Planning	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 606.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Rick Rump</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35322</b>
Mailing Address 2423 Heather Glen		Amount of Each Receipt this Period 340.50
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR.ManorCare, Inc.	Occupation Director of Corporate Communications	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 618.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	766.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 59
	<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**

Full Name (Last, First, Middle Initial)  
**A. Mary Jane Ruppert**

Mailing Address 603 North Blackhoof St.

City Wapakoneta State OH Zip Code 45895

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

Name of Employer HCR ManorCare Occupation Sr Dir 4H Compliance and Edu

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 29 / 2012**

**Transaction ID : SA11AI.35321**

Amount of Each Receipt this Period  
**244.80**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Angela G Russo**

Mailing Address 4950 Cypress Pike Circle Unit 101

City Virginia Beach State VA Zip Code 23455

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

Name of Employer HCR Manor Care, Inc. Occupation Gen Mgr Central Div 4H

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **829.72**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 29 / 2012**

**Transaction ID : SA11AI.35320**

Amount of Each Receipt this Period  
**445.72**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Deborah Schlosser**

Mailing Address 2432 21st Street

City Wyandotte State MI Zip Code 48192

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

Name of Employer HCR ManorCare Occupation Regional Director of Operation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **322.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 29 / 2012**

**Transaction ID : SA11AI.35315**

Amount of Each Receipt this Period  
**46.00**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **736.52**

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

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

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

FOR LINE NUMBER: PAGE 43 OF 59  
(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**

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35314**

Amount of Each Receipt this Period  
150.00

Bi-Weekly Payroll Deduction

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

Mailing Address 304 Adriana Court

City State Zip Code  
Northhampton PA 18067

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

Name of Employer Occupation  
HCR Manor Care, Inc. Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
338.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35313**

Amount of Each Receipt this Period  
188.26

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Gregory Seiple**

Mailing Address 21 Southgate Dr

City State Zip Code  
Lebanon PA 17042

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

Name of Employer Occupation  
HCR Manor Care, Inc. Senior Consultant Systems

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35310**

Amount of Each Receipt this Period  
210.00

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 548.26

**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 44 OF 59
	<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**

Full Name (Last, First, Middle Initial) <b>A. Leslie Slosser</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35304</b>
Mailing Address 1026 Treadway		Amount of Each Receipt this Period 86.49
City Munster	State IN	Zip Code 46321
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR ManorCare	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.47	

Full Name (Last, First, Middle Initial) <b>B. Theresa J Smelser</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35303</b>
Mailing Address 202 N. Elm Hurst Rd.		Amount of Each Receipt this Period 210.00
City Prospect Heights	State IL	Zip Code 60070
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>C. Ms Joyce Louise Smith</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35301</b>
Mailing Address 3521 Cedar Creek Court		Amount of Each Receipt this Period 756.00
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Director Clinical Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1181.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1052.49
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 59
	<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**

Full Name (Last, First, Middle Initial) <b>A. Melissa Sorensen</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35297</b>
Mailing Address 816 Lake Shore Terrace		Amount of Each Receipt this Period 400.00
City Interlachen	State FL	Zip Code 32148
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR ManorCare	Occupation Director Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Patricia J. Stahr</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35294</b>
Mailing Address 807 Johnston Drive		Amount of Each Receipt this Period 10.00
City Bethlehem	State PA	Zip Code 18017
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR ManorCare, Inc.	Occupation DON	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Mr. Alan Stewart</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 <b>Transaction ID : SA11AI.35293</b>
Mailing Address 571 Dorado Dr		Amount of Each Receipt this Period 120.00
City Fairborn	State OH	Zip Code 45324
FEC ID number of contributing federal political committee.	C	
Name of Employer HCR Manor Care, LLC.	Occupation Employee Relations Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Bi-Weekly Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	530.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 46 OF 59  
(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. Jane L Stilwell**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ **650.00**  
 Date of Receipt **06 / 29 / 2012**  
**Transaction ID : SA11AI.35292**  
 Amount of Each Receipt this Period **350.00**  
 Bi-Weekly Payroll Deduction

**B. Sherri L Stoltzfus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 East Manor Dr.  
 City Lititz State PA Zip Code 17543  
 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 ▼ **252.38**  
 Date of Receipt **06 / 29 / 2012**  
**Transaction ID : SA11AI.35289**  
 Amount of Each Receipt this Period **131.24**  
 Bi-Weekly Payroll Deduction

**C. Colette Storck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28490 Wynikako Ave  
 City Millsboro State DE Zip Code 19966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCR Manor Care, LLC. Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**  
 Date of Receipt **06 / 29 / 2012**  
**Transaction ID : SA11AI.35288**  
 Amount of Each Receipt this Period **90.00**  
 Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **571.24**  
**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 47 OF 59  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ms Denise Summers**

Mailing Address 17262 Boca Club Blvd #2404

City State Zip Code  
Boca Raton FL 33487

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

Name of Employer Occupation  
HCR ManorCare Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35283**

Amount of Each Receipt this Period  
78.24

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35281**

Amount of Each Receipt this Period  
140.00

Bi-Weekly Payroll Deduction

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

Mailing Address 5023 W. 59th St

City State Zip Code  
Davenport IA 52806

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 ▼  
881.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11AI.35279**

Amount of Each Receipt this Period  
521.52

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **739.76**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 59
	<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. Ms Vicki Tomer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 Buckingham Place  
City Shorewood State IL Zip Code 60431  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HCR Manor Care, Inc. Occupation Senior Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 20 / 2012  
**Transaction ID : SA11AI.35186**  
Amount of Each Receipt this Period  
1200.00  
Contribution

**B. Rami Ubaydi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6519 Chatham Circle  
City Rochester Hills State MI Zip Code 48306  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HCR Manor Care, Inc. Occupation Regional Director of Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 936.59

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012  
**Transaction ID : SA11AI.35273**  
Amount of Each Receipt this Period  
509.69  
Bi-Weekly Payroll Deduction

**C. Susan Ward**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12 Arapaho  
City Shawnee State OK Zip Code 74801  
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 ▼ 362.44

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012  
**Transaction ID : SA11AI.35269**  
Amount of Each Receipt this Period  
167.28  
Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1876.97
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 59
	<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**

Full Name (Last, First, Middle Initial) <b>A. Benjuiman Young</b>		Date of Receipt
Mailing Address 7822 NE 24th Ct.		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Vancouver	State WA	Zip Code 98665
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.35266</b>
Name of Employer HCR ManorCare		Amount of Each Receipt this Period <input type="text" value="183.87"/>
Occupation Administrator		Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.87"/>	

Full Name (Last, First, Middle Initial) <b>B. Julie A Yoxtheimer</b>		Date of Receipt
Mailing Address 249 E Pearl St		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Findlay	State OH	Zip Code 45840
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.35265</b>
Name of Employer HCR ManorCare Inc.		Amount of Each Receipt this Period <input type="text" value="162.00"/>
Occupation Sr Reimbursement Manager		Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="234.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Cynthia M Zalewski</b>		Date of Receipt
Mailing Address 3845 Drummond Rd		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Toledo	State OH	Zip Code 43613
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.35263</b>
Name of Employer HCR ManorCare Inc.		Amount of Each Receipt this Period <input type="text" value="357.69"/>
Occupation Senior Attorney		Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="611.55"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="703.56"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 50 OF 59  
(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)  
**Daniel A Zawadzki**

Mailing Address 18910 Mallard Cove

City Middleburg Heights State OH Zip Code 44130

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 ▼ **260.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2012**

**Transaction ID : SA11AI.35262**

Amount of Each Receipt this Period  
**140.00**

Bi-Weekly Payroll Deduction

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>38235.71</b>

**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**

Full Name (Last, First, Middle Initial)

**A. BERKLEY FOR SENATE**

Mailing Address 7437 S EASTERN AVE SUITE 427

City LAS VEGAS State NV Zip Code 89123

Purpose of Disbursement  
Contribution for event held Wednesday, June 20, 2012

Candidate Name  
**SHELLEY BERKLEY**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NV District: 00

Date of Disbursement

/  /

**Transaction ID : SB23.35235**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BOEHNER FOR SPEAKER**

Mailing Address 320 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Committee Donation (Joint Fund Raiser)

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB23.35238**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR ALTMIRE**

Mailing Address P.O. BOX 1776

City FREEDOM State PA Zip Code 15042

Purpose of Disbursement  
Contribution Requested 4/20/12

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: PA District: 04

Date of Disbursement

/  /

**Transaction ID : SB23.35187**

Amount of Each Disbursement this Period

**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**

Full Name (Last, First, Middle Initial)

**A. HATCH ELECTION COMMITTEE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2012

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

**Transaction ID : SB23.35206**

City State Zip Code  
SALT LAKE CITY UT 84101

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Contribution for event held 5/16/12

011
Category/ Type

Candidate Name

**ORRIN G HATCH**

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

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. LATTA FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2012

Mailing Address PO BOX 106

**Transaction ID : SB23.35239**

City State Zip Code  
BOWLING GREEN OH 43402

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Contribution for event held 6/25/12

011
Category/ Type

Candidate Name

**ROBERT EDWARD MR LATTA**

Office Sought:  House  
 Senate  
 President  
State: OH District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. MANCHIN HEINRICH VICTORY FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2012

Mailing Address 709A 8TH ST SE

**Transaction ID : SB23.35237**

City State Zip Code  
WASHINGTON DC 20003

Amount of Each Disbursement this Period

10000.00
----------

Purpose of Disbursement

012
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

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

13000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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**

Full Name (Last, First, Middle Initial)

**A. MARK POCAN FOR CONGRESS**

Mailing Address 309 N BALDWIN ST

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
Contribution requested 6/5/12

Candidate Name  
**MARK POCAN**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: WI District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	1	2		

**Transaction ID : SB23.35230**

Amount of Each Disbursement this Period

5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. ORRINPAC**

Mailing Address 175 S. WEST TEMPLE, SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
Donation (event held 5/16/12)

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			5	1	0		2	0	1	2		

**Transaction ID : SB23.35207**

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. STABENOW 2012 VICTORY FUND**

Mailing Address PO BOX 4462

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement  
Donation Requested 4/23/12

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			4	2	3		2	0	1	2		

**Transaction ID : SB23.35191**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

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

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

8	5	0	.	0	0
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5	0	0	.	0	0
---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. TIBERI FOR CONGRESS**

Mailing Address 2931 E DUBLIN GRANVILLE ROAD  
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement  
Contribution for Event Held 6/2/12

Candidate Name  
**PATRICK J. TIBERI**

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2012

**Transaction ID : SB23.35190**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. WILSON FOR SENATE**

Mailing Address PO BOX 10248

City ALBUQUERQUE State NM Zip Code 87184

Purpose of Disbursement  
Contribution for event held Tuesday June 5, 2012

Candidate Name  
**HEATHER A WILSON**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : SB23.35213**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

5000.00

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

46000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Chris Smith Campaign**

Mailing Address 1740 Northwest 3rd Court

City Fort Lauderdale State FL Zip Code 33311

Purpose of Disbursement  
contribution requested 5/22/12

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	22	/	2012

**Transaction ID : SB29.35574**

Amount of Each Disbursement this Period

500.00
--------

**B. Citizens for Gardner Committee**

Mailing Address 431 N. Prospect St.

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement  
Contribution for Event Held 5/18/12

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	09	/	2012

**Transaction ID : SB29.35205**

Amount of Each Disbursement this Period

1000.00
---------

**C. Committee to Elect Chris Widener**

Mailing Address 23 South Center Street  
Suite 103

City Springfield State OH Zip Code 45502

Purpose of Disbursement  
Contribution Requested for Event Held 4/19/12

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	20	/	2012

**Transaction ID : SB29.35185**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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. Committee to Elect Joe Emrick**

Full Name (Last, First, Middle Initial)  
Mailing Address 2312 Blue Jay Drive

City Nazareth State PA Zip Code 18064

Purpose of Disbursement  
Contribution Requested 5/31/2012

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 05 / 31 / 2012

Transaction ID : **SB29.35220**

Amount of Each Disbursement this Period: 500.00

Category/Type

**B. Friends of Bill Adolph Jr.**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 303

City Springfield State PA Zip Code 19064

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: 04 / 03 / 2012

Transaction ID : **SB29.34868**

Amount of Each Disbursement this Period: 500.00

Category/Type

**C. Friends of Dominic Pileggi**

Full Name (Last, First, Middle Initial)  
Mailing Address 323 West Front Street

City Media State PA Zip Code 19063

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: 04 / 03 / 2012

Transaction ID : **SB29.34869**

Amount of Each Disbursement this Period: 1000.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2000.00

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



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

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Detailed Summary Page

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(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**

Full Name (Last, First, Middle Initial)

**A. Friends of Ken Ulman**

Mailing Address 6421 Sundown Trail

City Columbia State MD Zip Code 21044

Purpose of Disbursement  
Rifkin Event

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2012

**Transaction ID : SB29.35215**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Joe Abruzzo Campaign**

Mailing Address 443 Belle Grove Lane

City Royal Palm Beach State FL Zip Code 33411

Purpose of Disbursement  
contribution requested 5/22/12

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2012

**Transaction ID : SB29.35572**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Kasich / Taylor for Ohio**

Mailing Address PO Box 06590

City Columbus State OH Zip Code 43206

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2012

**Transaction ID : SB29.35200**

Amount of Each Disbursement this Period

5000.00
---------

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

6500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)  
**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Kotik for Representative**

Mailing Address 104 Scottsdale Drive

City Pittsburgh State PA Zip Code 15205

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.34872**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ron Saunders Campaign**

Mailing Address PO Box 5217

City Key West State FL Zip Code 33045

Purpose of Disbursement  
contribution requested 5/22/12

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.35571**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Stephen Precourt Campaign**

Mailing Address 3403 King George Drive

City Orlando State FL Zip Code 32835

Purpose of Disbursement  
contribution requested 5/22/12

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.35570**

Amount of Each Disbursement this Period

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

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

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

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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**

Full Name (Last, First, Middle Initial)

**A. Wilton Simpson Campaign**

Mailing Address Post Office Box 2010

City State Zip Code  
Dade City FL 33526

Purpose of Disbursement  
contribution requested 5/22/12

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : SB29.35573**

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00

13000.00