

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **Check if different than previously reported. (ACC)**
 333 North Summit Street
 16th Floor
 Toledo OH 43604 - 2817

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00260141

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

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) <input checked="" type="checkbox"/> January 31 Quarterly Report(YE) July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER)	Mar 20 (M3) Apr 20 (M4)	Jun 20 (M6) Jul 20 (M7)	Sep 20 (M9) Oct 20 (M10)	Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)	
		(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Special (12G)	Runoff (12R)
			Convention (12C)			
			Election on			in the State of
		(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
			Election on			in the State of

5. Covering Period 07 01 2003 through 12 31 2003

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Frank Jannazo

Signature of Treasurer Electronically Filed by Mr. Frank Jannazo Date 01 29 2004

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

Office Use Only								
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From: ^M07 ^D01 ^Y2003 To: ^M12 ^D31 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003		29333.80
(b) Cash on Hand at Beginning of Reporting Period	65287.36	
(c) Total Receipts (from Line 19)	47979.19	99904.55
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	113266.55	129238.35
<hr/>		
7. Total Disbursements (from Line 31)	63629.10	79600.90
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49637.45	49637.45
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
<hr/>		
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From: ^M07 ^D01 ^Y2003 To: ^M12 ^D31 ^Y2003

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)	31754.57	
(ii) Unitemized	15887.85	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	47642.42	99410.94
(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)	47642.42	99410.94
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)	150.70	150.70
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	186.07	342.91
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	47979.19	99904.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47979.19	99904.55

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	37500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	30629.10	42100.90
30. Federal Election Activity (2 U.S.C. 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (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))..	63629.10	79600.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	63629.10	79600.90

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	47642.42	99410.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47642.42	99410.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	150.70	150.70
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-150.70	-150.70

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 60	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Anthony J. Abela		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 832 Horton Ave		Transaction ID: SA11A1.9309
City Northville	State MI	Zip Code 48167
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer HCR Manor Care	Occupation Administrator - Danto	Bi-weekly payroll deduction of \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) B. Ms Gayle M. Adams		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 239 County Rd 4328		Transaction ID: SA11A1.9266
City Tenaha	State TX	Zip Code 75874
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Holiday	Bi-weekly payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 292.70	

Full Name (Last, First, Middle Initial) C. Martin Allen		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 7151 Whispering Oak		Transaction ID: SA11A1.9232
City Sylvania	State OH	Zip Code 43560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer HCR Manor Care, Inc	Occupation Assistant Vice President	Bi-weekly payroll deduction of \$50
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	▶	775.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Ms. Betty L. Arnold		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 210 South Locust St.		Transaction ID: SA11A1.9249
City Lacon	State IL	Zip Code 61540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Canton	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Ms. Sally Banulis		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 31 Avondale Avenue		Transaction ID: SA11A1.8418
City Haddonfield	State NJ	Zip Code 08033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 269.22
Name of Employer HCR ManorCare, Inc.	Occupation Director Market Development	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

Full Name (Last, First, Middle Initial) C. Ms. Jocelyn D. Barnes		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 910B Shadowbrook Trail		Transaction ID: SA11A1.8418
City Orlando	State FL	Zip Code 32825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	609.22
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Mrs. Lynne M. Bauerschmidt		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 708D Middlebury		Transaction ID: SA11A1.9329
City Lambertville	State MI	Zip Code 48144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR Manor Care, Inc.	Occupation FSC - Home Health	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Ms. Barbara S. Beake		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 154B Woodbury		Transaction ID: SA11A1.9364
City Gurnee	State IL	Zip Code 60031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Karen Bel		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 122D North Street		Transaction ID: SA11A1.8223
City Bowling Green	State OH	Zip Code 43402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 215.48
Name of Employer HCR ManorCare, Inc.	Occupation Clinical Services	Bi-weekly payroll deduction of \$15.39
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 307.80	

SUBTOTAL of Receipts This Page (optional)	495.48
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Jane Bibb		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 11580 Bass Lake Rd		Transaction ID: SA11A1.9327
City Chardon	State OH	Zip Code 44024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 134.68
Name of Employer HCR Manor Care, Inc.	Occupation Mobile Administrator	Bi-weekly payroll deduction of \$9.62
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.78	

Full Name (Last, First, Middle Initial) B. Mr. R. Jeffrey Balar		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 9 Riverhills Lane		Transaction ID: SA11A1.9245
City Toledo	State OH	Zip Code 43623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1130.78
Name of Employer HCR ManorCare, Inc.	Occupation Vice President & General Counsel	Bi-weekly payroll deduction of \$80.77
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2085.40	

Full Name (Last, First, Middle Initial) C. Mr. Richard Borefeld		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 113 Kathy Ann Lane		Transaction ID: SA11A1.8408
City McMurray	State PA	Zip Code 15317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 403.90
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$28.85
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 692.38	

SUBTOTAL of Receipts This Page (optional)	1669.38
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 60	
	(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

Full Name (Last, First, Middle Initial) A. <u>Kimberly Boyte-Blemester</u>		Date of Receipt M / D / Y <u>12 / 31 / 2003</u>
Mailing Address <u>183B3 West Spring Lake Road</u>		Transaction ID: <u>SA11A1.9431</u>
City <u>Spring Lake</u>	State <u>MI</u>	Zip Code <u>49456</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer <u>HCR Manor Care, Inc.</u>	Occupation <u>Administrator - Knollview</u>	Bi-weekly payroll deduction of \$10
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. <u>Laurie L. Brown</u>		Date of Receipt M / D / Y <u>12 / 24 / 2003</u>
Mailing Address <u>145 N. Oakcrest</u>		Transaction ID: <u>SA11A1.9475</u>
City <u>Decatur</u>	State <u>IL</u>	Zip Code <u>62522</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer <u>HCR Manor Care, Inc.</u>	Occupation <u>Administrator</u>	Bi-weekly payroll deduction of \$10
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. <u>Mr. Gregory F. Byme</u>		Date of Receipt M / D / Y <u>12 / 31 / 2003</u>
Mailing Address <u>7379 Agawa Trail</u>		Transaction ID: <u>SA11A1.9293</u>
City <u>Rockford</u>	State <u>MI</u>	Zip Code <u>49341</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 134.68
Name of Employer <u>HCR Manor Care, Inc.</u>	Occupation <u>Human Resources Manager - Midwest</u>	Bi-weekly payroll deduction of \$9.62
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.73	

SUBTOTAL of Receipts This Page (optional)	404.68
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Carole Campbell		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 162 Brady St		Transaction ID: SA11A1.9583
City Charleston	State SC	Zip Code 29402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 269.22
Name of Employer HCR Manor Care, Inc	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name (Last, First, Middle Initial) B. Ms. Susan V. Carlson		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 578D 18th Avenue		Transaction ID: SA11A1.8306
City Naples	State FL	Zip Code 34119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Mr. Steven M. Cavanaugh		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 1115 Bedford Woods Drive		Transaction ID: SA11A1.8284
City Toledo	State OH	Zip Code 43615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 807.68
Name of Employer HCR ManorCare, Inc.	Occupation Vice President, Corporate Development	Bi-weekly payroll deduction of \$57.69
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1403.79	

SUBTOTAL of Receipts This Page (optional)	1216.88
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Mr. William Chenevert		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 820 Ashbury Drive		Transaction ID: SA11A1.9285
City Perrysburg	State OH	Zip Code 43551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 646.10
Name of Employer HCR ManorCare, Inc.	Occupation Vice President, Operations Support	Bi-weekly payroll deduction of \$46.15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1064.15	

Full Name (Last, First, Middle Initial) B. James Clark		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 881 W. Ontario Ave		Transaction ID: SA11A1.9549
City Corona	State CA	Zip Code 92882
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 199.94
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Hemet	Bi-weekly payroll deduction of \$15.38
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 387.60	

Full Name (Last, First, Middle Initial) C. Ms Dantae Clements		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 18953 S. Mohican Drive		Transaction ID: SA11A1.8480
City Lockport	State IL	Zip Code 60441
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Oak Lawn West	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	976.04
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 60	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Ms Pamela Cox		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 3024 Round Table Court		Transaction ID: SA11A1.9468
City Naples	State FL	Zip Code 34112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer HCR ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$25
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Debra Coy		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 2454 Martha Lane		Transaction ID: SA11A1.9565
City Land O' Lakes	State FL	Zip Code 34639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer HCR ManorCare, Inc.	Occupation Executive Director - Carrollwood Arden	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Ms. Victoria Greshaw		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 736 Va Dara Drive		Transaction ID: SA11A1.8387
City Virginia Beach	State VA	Zip Code 23451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	760.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Jamie S. D'Angelo		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 28 Oakland Avenue		Transaction ID: SA11A1.9331
City Wheeling	State WV	Zip Code 26003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 129.22
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Lansing	Bi-weekly payroll deduction of \$9.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.37	

Full Name (Last, First, Middle Initial) B. Ms. Janice L. Davis		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 9939 Feathers Court		Transaction ID: SA11A1.9389
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Ms. Martha Davis		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 606 Sommer Circle		Transaction ID: SA11A1.8239
City Panama City	State FL	Zip Code 32403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer HCR ManorCare, Inc.	Occupation Manager, Physician Service Intergrat.	Bi-weekly payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	479.22
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Daniel Deitzel III		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address PD Box 5175		Transaction ID: SA11A1.9590
City Harrisburg	State PA	Zip Code 17110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 269.22
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

Full Name (Last, First, Middle Initial) B. Mr. Timothy Dieben		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 117 North High Point Rd.		Transaction ID: SA11A1.9518
City Madison	State WI	Zip Code 53717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Ms Sandra Downing		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 601 East Yuma Drive		Transaction ID: SA11A1.8486
City Berkley	State OH	Zip Code 74011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer HCR ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	▶	674.22
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Ms Nancy Edwards		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 5726 Rolbesay Drive		Transaction ID: SA11A1.9214
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer HCR ManorCare, Inc.	Occupation General Manager, Central Division	Bi-weekly payroll deduction of \$50
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.76	

Full Name (Last, First, Middle Initial) B. Mr. Kenneth B. Eisele		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 371 Morning Creek Circle		Transaction ID: SA11A1.9558
City Apopka	State FL	Zip Code 32712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 184.68
Name of Employer HCR Manor Care, Inc	Occupation Administrator - Winter Park	Bi-weekly payroll deduction of \$15.39
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 342.41	

Full Name (Last, First, Middle Initial) C. Marvin Elliott		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 902 E. Central Ave		Transaction ID: SA11A1.8480
City Miamisburg	State OH	Zip Code 45342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Oak Ridge	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	1014.88
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Mr. R. Michael Ferguson		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 245D Underhill Road		Transaction ID: SA11A1.9358
City Toledo	State OH	Zip Code 43615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 538.44
Name of Employer HCR ManorCare, Inc.	Occupation Vice President, Purchasing	Bi-weekly payroll deduction of 538.46
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 699.96	

Full Name (Last, First, Middle Initial) B. Ms Rosind Ferrone		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 1623 Tristle Court		Transaction ID: SA11A1.9289
City Canton	State MI	Zip Code 48188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 499.98
Name of Employer HCR ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deduction of 538.46
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 699.98	

Full Name (Last, First, Middle Initial) C. Mr. Matthew File		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 712 Jamestown Blvd. #1284		Transaction ID: SA11A1.8489
City Altamonte Springs	State FL	Zip Code 32714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.02
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - RP Winter Park	Bi-weekly payroll deduction of 511.54
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 219.28	

SUBTOTAL of Receipts This Page (optional)	▶	1188.44
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 60	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. Ms. Veronica Fogelman		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 810 Sunlight Drive		Transaction ID: SA11A1.9410
City	State	Zip Code
York	PA	17402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 253.84
Name of Employer HCR ManorCare, Inc.	Occupation Assistant Vice President	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 392.32	

Full Name (Last, First, Middle Initial) B. Ms. Karan Forrest		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 725 Greenleaf Street		Transaction ID: SA11A1.9246
City	State	Zip Code
Galesburg	IL	61401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Pamela L. Fuess		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 6590 Spring Meadows Drive		Transaction ID: SA11A1.8592
City	State	Zip Code
Green Acres	FL	33413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Plantation	Bi-weekly payroll deduction of \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	633.84
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Mr. Stuart Garner		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 12305 Klondike Rush Pt.		Transaction ID: SA11A1.9455
City Austin	State TX	Zip Code 78726
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer HCR Manor Care, Inc.	Occupation RDO - Southern 8	Bi-weekly payroll deduction of \$25
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Mr. Thomas Garvin		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 143 Hart Avenue		Transaction ID: SA11A1.9429
City Doylestown	State PA	Zip Code 18901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 269.22
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 474.60	

Full Name (Last, First, Middle Initial) C. Ms. Sally Gates		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 2011 20th Lane		Transaction ID: SA11A1.9242
City Palm Beach Gardens	State FL	Zip Code 33418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 215.48
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$15.39
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 307.80	

SUBTOTAL of Receipts This Page (optional)	834.88
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Mr. Gary T. Geise		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 825 Ashbury Dr.		Transaction ID: SA11A1.9218
City Perrysburg	State OH	Zip Code 43551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer HCR Manor Care, Inc.	Occupation Director of Reimbursement	Bi-weekly payroll deduction of \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. Anne Marie Gilbertson		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 283 Willis Road		Transaction ID: SA11A1.8468
City Etters	State PA	Zip Code 17319
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 169.29
Name of Employer HCR ManorCare, Inc.	Occupation Regional Rehab Manager	Bi-weekly payroll deduction of \$15.39
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.07	

Full Name (Last, First, Middle Initial) C. Mr. Jeff Grillo		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 20588 Courier Ridge Place		Transaction ID: SA11A1.8413
City Ashburn	State VA	Zip Code 20147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 538.44
Name of Employer HCR ManorCare, Inc.	Occupation Vice President, Mid Atlantic	Bi-weekly payroll deduction of \$38.48
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 859.20	

SUBTOTAL of Receipts This Page (optional)	987.73
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Patricia Gulger		Date of Receipt M / D / Y 10 / 09 / 2003
Mailing Address 20721 S. 465 Road		Transaction ID: SA11A1.9552
City Talequah	State OK	Zip Code 74464
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer HCR ManorCare, Inc.	Occupation RDO	Bi-weekly payroll deduction of \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. Sue E. Hamm		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 18472 Shawnee Drive		Transaction ID: SA11A1.8369
City Spring Lake	State MI	Zip Code 49456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.56
Name of Employer HCR ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$11.54
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 219.28	

Full Name (Last, First, Middle Initial) C. Mary S. Harber		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 1445 Funderburn St		Transaction ID: SA11A1.8225
City Keyser	State WV	Zip Code 26728
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.96
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Keyser	Bi-weekly payroll deduction of \$1.82
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 219.96	

SUBTOTAL of Receipts This Page (optional)	501.52
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Ms J. Susan Herless		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 7525 Kings Hollow Court		Transaction ID: SA11A1.9219
City Toledo	State OH	Zip Code 43617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 807.66
Name of Employer HCR ManorCare, Inc.	Occupation Vice President	Bi-weekly payroll deduction of \$57.69
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94	

Full Name (Last, First, Middle Initial) B. Mr Kevin C. Henriks		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 23 Chicago St. Apt. G		Transaction ID: SA11A1.8366
City Plainfield	State IL	Zip Code 60544
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 215.32
Name of Employer HCR Manor Care, Inc.	Occupation Director	Bi-weekly payroll deduction of \$15.38
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 338.84	

Full Name (Last, First, Middle Initial) C. Mary I. Haman		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address Road #5 Box 130		Transaction ID: SA11A1.8304
City Clarks Summit	State PA	Zip Code 18411
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 249.99
Name of Employer HCR ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 328.91	

SUBTOTAL of Receipts This Page (optional)	1272.97
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 60	
	<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. Rod Hildebrand		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 1400 S. Greenway Dr		Transaction ID: SA11A1.9640
City Coral Gables	State FL	Zip Code 33134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer HCR Manor Care, Inc.	Occupation VP/GM - Heartland Home Health/Hospice	Weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) B. Joel E. Hill		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 12432 Prospect		Transaction ID: SA11A1.9474
City Albuquerque	State NM	Zip Code 87112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Heights	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Ms Maureen G. Hines		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 235 William Drive		Transaction ID: SA11A1.8407
City Hershey	State PA	Zip Code 17033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer HCR ManorCare, Inc.	Occupation Director of Clinical Services	Bi-weekly payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	610.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Ms Lynn M. Hood		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 15415 Meadow Wood Drive		Transaction ID: SA11A1.9247
City Wellington	State FL	Zip Code 33414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

Full Name (Last, First, Middle Initial) B. Mr. John Huber		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 1656 Copley Drive		Transaction ID: SA11A1.9294
City Toledo	State OH	Zip Code 43615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer HCR ManorCare, Inc.	Occupation Therapy Operations Analyst	Bi-weekly payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) C. Rebecca J. Hullinger		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 1250 Horseshoe Circle #105		Transaction ID: SA11A1.9227
City Ann Arbor	State MI	Zip Code 48108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 560.00
Name of Employer HCR Manor Care, Inc.	Occupation Manager Automated Clinical Systems	Bi-weekly payroll deduction of \$40
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Rebecca S. Jablon		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 2952 Kendale Drive #101		Transaction ID: SA11A1.9515
City Toledo	State OH	Zip Code 43606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 269.22
Name of Employer HCR ManorCare, Inc.	Occupation DON	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

Full Name (Last, First, Middle Initial) B. David L. Jackson		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 161 Wyatts Ridge		Transaction ID: SA11A1.9526
City Crownsville	State MD	Zip Code 21030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 269.22
Name of Employer HCR ManorCare, Inc.	Occupation Corporate Medical Director	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) C. Ma Patricia Johns		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 4085 West Lake Road		Transaction ID: SA11A1.8277
City Clio	State MI	Zip Code 48420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR ManorCare, Inc.	Occupation Resident Director	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	678.44
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Ms Diane Johnson		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 347 Lenape Trail		Transaction ID: SA11A1.9405
City Allentown	State PA	Zip Code 18104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 403.90
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$28.85
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.45	

Full Name (Last, First, Middle Initial) B. Anthony J. Keelin		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 220B 26th Avenue South		Transaction ID: SA11A1.9501
City Fargo	State ND	Zip Code 58103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Fargo	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Ms. Deborah Koch		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 607B Great Dane Drive		Transaction ID: SA11A1.9241
City Bethel Park	State PA	Zip Code 15102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 538.44
Name of Employer HCR ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$38.48
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 931.80	

SUBTOTAL of Receipts This Page (optional)	▶	1082.34
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Carl Kovski		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 3421 Emerson Ave		Transaction ID: SA11A1.9599
City Erie	State PA	Zip Code 16508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer HCR Manor Care, Inc	Occupation Administrator	Bi-weekly payroll deduction of \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Mr. Allen M. Kredky		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 257D Highland Center Drive		Transaction ID: SA11A1.9511
City Green Bay	State WI	Zip Code 54311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Green Bay West	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Ms Dorothy Kuhl		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 577 Harrison		Transaction ID: SA11A1.8233
City Perrysburg	State OH	Zip Code 43551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 289.22
Name of Employer HCR ManorCare, Inc.	Occupation Controller, HMIS	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 442.32	

SUBTOTAL of Receipts This Page (optional)	689.22
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Barry Lazarus		Date of Receipt M / D / Y 08 / 14 / 2003
Mailing Address 282B Liverpool Court		Transaction ID: SA11A1.9148
City Toledo	State OH	Zip Code 43617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HCR Manor Care, Inc.	Occupation VP - Reimbursement	Contribution - Check # B35
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Mark W. Leiner		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 3132 Tex Blvd		Transaction ID: SA11A1.8502
City Ft. Worth	State TX	Zip Code 76116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR ManorCare, Inc.	Occupation Food Service Director	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Mr. Larry G. Lester		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 13507 Westbrook		Transaction ID: SA11A1.8347
City Plymouth	State MI	Zip Code 48170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$25
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	740.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Ms Elizabeth Loyer		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 20115 183rd Place Northeast		Transaction ID: SA11A1.9464
City Woodinville	State WA	Zip Code 98072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer HCR Manor Care Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Anita Martinez		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 909 Gainesway		Transaction ID: SA11A1.9465
City Florissant	State MD	Zip Code 63034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 134.68
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$9.62
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 222.40	

Full Name (Last, First, Middle Initial) C. James Massey		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 2504 Hudson St		Transaction ID: SA11A1.9461
City Berkeley	State WV	Zip Code 21224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.56
Name of Employer HCR Manor Care, Inc	Occupation RDD	Bi-weekly payroll deduction of \$11.54
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 219.26	

SUBTOTAL of Receipts This Page (optional)	426.24
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 60	
	<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. Roy K. McManis		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 782 Heathermoor Lane		Transaction ID: SA11A1.9221
City Perrysburg	State OH	Zip Code 43551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR ManorCare, Inc.	Occupation Assistant Vice President	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Ms Stacy H. Mesaros		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 1304 South 234th Place		Transaction ID: SA11A1.9504
City Des Moines	State WA	Zip Code 99138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer HCR ManorCare, Inc.	Occupation Administrator- Gig Harbor	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Ms Sylvia Maselina		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 103 Aspen Avenue		Transaction ID: SA11A1.8408
City Sinking Spring	State PA	Zip Code 19608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 289.22
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

SUBTOTAL of Receipts This Page (optional)	▶	539.22
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Kimberly Milbocker		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 702 Vista Court		Transaction ID: SA11A1.9388
City Allegan	State MI	Zip Code 49010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer HCR Manor Care, Inc	Occupation Administrator	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) B. Ms Mariana Miner		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 853 Vaky		Transaction ID: SA11A1.8240
City Corpus Christi	State TX	Zip Code 78404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.78
Name of Employer HCR ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.78	

Full Name (Last, First, Middle Initial) C. Ms Susan Morey		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 700 Hunters Road		Transaction ID: SA11A1.8408
City Mohnton	State PA	Zip Code 19548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	▶	536.16
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 60	
	<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. Oscar Morrison		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 75 North Hershey Road		Transaction ID: SA11A1.9308
City Harrisburg	State PA	Zip Code 17112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 151.79
Name of Employer HCR ManorCare, Inc.	Occupation Vice President & General Manager	Bi-weekly payroll deduction of \$38.46
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 613.31	

Full Name (Last, First, Middle Initial) B. Ms. Jaylin Nation		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 15985 Voyageurs Place		Transaction ID: SA11A1.9220
City West Palm Beach	State FL	Zip Code 33414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR Manor Care, Inc.	Occupation Senior Administrator	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 234.50	

Full Name (Last, First, Middle Initial) C. David Nees		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 5315 Rymoor Dr		Transaction ID: SA11A1.8393
City Sylvania	State OH	Zip Code 43567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 289.22
Name of Employer HCR Manor Care, Inc	Occupation Associate General Counsel	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

SUBTOTAL of Receipts This Page (optional)	561.01
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Eric Nelson		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 714 NW 175th PL		Transaction ID: SA11A1.9588
City Beaverton	State OR	Zip Code 97006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.56
Name of Employer HCR Manor Care, Inc	Occupation Director of Market Development	Bi-weekly payroll deduction of \$11.54
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80	

Full Name (Last, First, Middle Initial) B. Ms. Linda E. Neumann		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 343 Shotwell Court		Transaction ID: SA11A1.9258
City White Lake	State MI	Zip Code 48386
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 215.32
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$15.38
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 292.22	

Full Name (Last, First, Middle Initial) C. Mr. Wade O'Brian		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 257D Olde Brookside		Transaction ID: SA11A1.9236
City Toledo	State OH	Zip Code 43615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 323.40
Name of Employer HCR ManorCare, Inc.	Occupation Vice President, Human Resources	Bi-weekly payroll deduction of \$23.10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.60	

SUBTOTAL of Receipts This Page (optional)	700.28
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Mr. Gordon Ochs		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 2505 Waterford Court		Transaction ID: SA11A1.9283
City Palmetto	State FL	Zip Code 34221-5811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer HCR ManorCare, Inc.	Occupation Regional Manager	Bi-weekly payroll deduction of \$25
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Ms Susan Oginsky		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 2364 Meadowdown Drive		Transaction ID: SA11A1.8313
City Owosso	State MI	Zip Code 48867
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Ms Leslie Otm		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 12331 South 71st Avenue		Transaction ID: SA11A1.8412
City Palos Heights	State IL	Zip Code 60463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 323.12
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$23.08
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 648.52	

SUBTOTAL of Receipts This Page (optional)	▶	733.12
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Ms. Annette Orlovski		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 889 Highway 8D		Transaction ID: SA11A1.9353
City Cedarburg	State WI	Zip Code 53012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 538.44
Name of Employer HCR ManorCare, Inc.	Occupation Director, Clinical Services	Bi-weekly payroll deduction of 538.46
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1018.44	

Full Name (Last, First, Middle Initial) B. Mr. James Pageaga		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 13129 Fox Path Lane		Transaction ID: SA11A1.9380
City West Friendship	State MD	Zip Code 21794
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 538.44
Name of Employer HCR ManorCare, Inc.	Occupation Vice President, Rehabilitation	Bi-weekly payroll deduction of 538.46
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 899.98	

Full Name (Last, First, Middle Initial) C. Ms Valerie Palmieri		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 593 West Valley Forge Road		Transaction ID: SA11A1.8470
City King of Prussia	State PA	Zip Code 19408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 289.22
Name of Employer HCR ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deduction of 519.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 508.91	

SUBTOTAL of Receipts This Page (optional)	▶	1348.10
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Mr. Richard Perales		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 4740 Eastbury Estates Drive		Transaction ID: SA11A1.9417
City Davenport	State IA	Zip Code 52807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 538.44
Name of Employer HCR ManorCare, Inc.	Occupation Vice President, General Manager	Bi-weekly payroll deduction of 538.48
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 851.91	

Full Name (Last, First, Middle Initial) B. Mr. David Parker		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 1945 Beverly Road		Transaction ID: SA11A1.8310
City Columbus	State OH	Zip Code 43221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 376.88
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of 526.92
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.23	

Full Name (Last, First, Middle Initial) C. Michael Perry		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 9853 Moonstone Place		Transaction ID: SA11A1.8343
City McCordsville	State IN	Zip Code 46055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer HCR Manor Care, Inc	Occupation RDD	Bi-weekly payroll deduction of 520
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	▶	1195.32
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Robert Purdy		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 35 Snowflake Rd		Transaction ID: SA11A1.9493
City	State	Zip Code
Huntingdon Valley	PA	19006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 249.99
Name of Employer HCR Manor Care, Inc	Occupation Administartor	Bi-weekly payroll deducti- on of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

Full Name (Last, First, Middle Initial) B. Ms. Sherry Raid		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 5615 Seclusion Drive		Transaction ID: SA11A1.8243
City	State	Zip Code
Houston	TX	77049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer HCR ManorCare, Inc.	Occupation Director, Dementia Services	Bi-weekly payroll deducti- on of \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) C. Dalaine Rice-White		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 1170 Fallins Pine Ct		Transaction ID: SA11A1.8314
City	State	Zip Code
Winter Springs	FL	32708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 289.22
Name of Employer HCR Manor Care, Inc	Occupation Divisional Rehab Director	Bi-weekly payroll deducti- on of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 354.60	

SUBTOTAL of Receipts This Page (optional)	799.21
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Bradley Riesterer		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 824 Calumet Ave		Transaction ID: SA11A1.9584
City Kiel	State WI	Zip Code 53042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 196.00
Name of Employer HCR Manor Care, Inc	Occupation Administrator	Bi-weekly payroll deduction of \$14
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

Full Name (Last, First, Middle Initial) B. Mr. Glen W. Raebuck		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 314 Forest Road		Transaction ID: SA11A1.8419
City Davenport	State IA	Zip Code 52803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Mr. Daniel Ross		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 101 N. Pine Street		Transaction ID: SA11A1.8444
City Prospect Heights	State IL	Zip Code 60070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer HCR Manor Care, Inc.	Occupation Regional Hospice Consultant	Weekly payroll deduction of \$5
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

SUBTOTAL of Receipts This Page (optional)	536.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Mr. David Roth		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 5272 Larkspur Lane		Transaction ID: SA11A1.9234
City Mason	State OH	Zip Code 45040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
Name of Employer HCR ManorCare, Inc.	Occupation Director, Planning & Budgeting	Bi-weekly payroll deduction of \$12.50
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 317.50	

Full Name (Last, First, Middle Initial) B. Mr. Rick Rump		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 2423 Heather Glen		Transaction ID: SA11A1.8381
City Maumee	State OH	Zip Code 43537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 269.22
Name of Employer HCR ManorCare, Inc.	Occupation Director of Corporate Communications	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 463.83	

Full Name (Last, First, Middle Initial) C. Mr. F. Joseph Schmitt		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 38 Asbury Park Court		Transaction ID: SA11A1.8228
City Sugar Land	State TX	Zip Code 77479
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 289.22
Name of Employer HCR ManorCare, Inc.	Occupation Vice President, General Manager	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 354.60	

SUBTOTAL of Receipts This Page (optional)	713.44
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Mr. Mark Schroefer		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 232B Bonnie Brae		Transaction ID: SA11A1.9465
City	State	Zip Code
Santa Ana	CA	92706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer HCR ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Mr. Edward Schush		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 1554 Primrose Lane		Transaction ID: SA11A1.9472
City	State	Zip Code
Bethlehem	PA	18018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. David Schumacher		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 22 Cimarron Dr		Transaction ID: SA11A1.9459
City	State	Zip Code
Trophy Club	TX	76262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer HCR Manor Care, Inc	Occupation RDD	Bi-weekly payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	480.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Mr. Richard Shock		Date of Receipt M / D / Y 08 / 06 / 2003
Mailing Address 896B Weddel		Transaction ID: SA11A1.9328
City Taylor	State MI	Zip Code 48180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer HCR ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Ms Joyce Smith		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 8332 Southampton Drive		Transaction ID: SA11A1.9224
City Holland	State OH	Zip Code 43526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 646.10
Name of Employer HCR ManorCare, Inc.	Occupation Vice President, Director Clinical Serv	Bi-weekly payroll deduction of \$46.15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.10	

Full Name (Last, First, Middle Initial) C. Suzanne Kaplan Tikwel		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 6411 Throughbred Loop		Transaction ID: SA11A1.8320
City Odessa	State FL	Zip Code 33558
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer HCR Manor Care, Inc.	Occupation Director of Clinical Services	Bi-weekly payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	901.10
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Ms Vickie J. Toomsen		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 3722 30th Avenue		Transaction ID: SA11A1.9335
City Rock Island	State IL	Zip Code 61201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Moline	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Jennifer M. VanSumeren		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 9825 Samd Poiny Dr		Transaction ID: SA11A1.9338
City Whitmore Lake	State MI	Zip Code 48189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator- Ann Arbor	Bi-weekly payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Ms. Nancy Walker		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 908B Rivard Road		Transaction ID: SA11A1.8278
City Millington	State MI	Zip Code 48148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	465.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Donna Weimer		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 1253 Middlesex Dr		Transaction ID: SA11A1.9555
City New Port Richey	State FL	Zip Code 34655
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer HCR Manor Care, Inc	Occupation RDO	Bi-weekly payroll deduction of \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Ms Susan Whitney		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 420 E. Torrence		Transaction ID: SA11A1.8346
City Columbus	State OH	Zip Code 43214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 188.44
Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Westerville	Bi-weekly payroll deduction of \$13.46
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.74	

Full Name (Last, First, Middle Initial) C. Catherine Will		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 703 E. Carroll Street		Transaction ID: SA11A1.8218
City Macomb	State IL	Zip Code 61455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.00
Name of Employer HCR Manor Care, Inc.	Occupation Director Clinical Services	Bi-weekly payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

SUBTOTAL of Receipts This Page (optional)	▶	698.44
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 44 / 60	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. Jessie Walkowicz		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 2008 Sleepy Hollow Drive		Transaction ID: SA11A1.9398
City Arlington	State TX	Zip Code 76006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 215.32
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$15.38
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 399.88	

Full Name (Last, First, Middle Initial) B. Mr. Daniel Wood		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 3346 Felton Street		Transaction ID: SA11A1.9403
City San Diego	State CA	Zip Code 92104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Ms Sheriann Wood		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 1052 Woods View Court		Transaction ID: SA11A1.9217
City Miamisburg	State OH	Zip Code 45342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer HCR ManorCare, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deduction of \$20
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

SUBTOTAL of Receipts This Page (optional)	775.32
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Deborah J. Workman		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 204B Richmond Road		Transaction ID: SA11A1.9300
City Toledo	State OH	Zip Code 43607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 249.99
Name of Employer HCR Manor Care, Inc.	Occupation VP - IS	Bi-weekly payroll deduction of \$19.23
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Ms Debbie C. Youngs		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 733 Cass Avenue		Transaction ID: SA11A1.9506
City Kingsford	State MI	Zip Code 49802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer HCR ManorCare, Inc.	Occupation Administrator - Kingsford	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Ms Cynthia Zalewski		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 3845 Drummond Road		Transaction ID: SA11A1.8334
City Toledo	State OH	Zip Code 43613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.58
Name of Employer HCR ManorCare, Inc.	Occupation Legal Counsel	Bi-weekly payroll deduction of \$11.54
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.79	

SUBTOTAL of Receipts This Page (optional)	541.55
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 60	
	(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

Full Name (Last, First, Middle Initial) A. Ms. Nancy Lee Zant		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 897D St. Edwards Loop		Transaction ID: SA11A1.9305
City Fort Meyers	State FL	Zip Code 33812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer HCR ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deduction of \$10
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Dan F. Zimmerman		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 8957 Bronson Dr.		Transaction ID: SA11A1.9430
City Granite Bay	State CA	Zip Code 95746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 323.12
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Ops - Western 5	Bi-weekly payroll deduction of \$23.08
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 438.52	

SUBTOTAL of Receipts This Page (optional)	▶	463.12
TOTAL This Period (last page this line number only)	▶	31754.57

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 / 60	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. The Huntington National Bank		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address P.O. Box 5085		Transaction ID: SA17.9160
City Cleveland	State OH	Zip Code 44101-0065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.52
Name of Employer	Occupation	Interest Income
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 221.92	

Full Name (Last, First, Middle Initial) B. The Huntington National Bank		Date of Receipt M / D / Y 09 / 30 / 2003
Mailing Address P.O. Box 5085		Transaction ID: SA17.9173
City Cleveland	State OH	Zip Code 44101-0065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.52
Name of Employer	Occupation	Interest Income
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 254.44	

Full Name (Last, First, Middle Initial) C. The Huntington National Bank		Date of Receipt M / D / Y 10 / 31 / 2003
Mailing Address P.O. Box 5085		Transaction ID: SA17.9179
City Cleveland	State OH	Zip Code 44101-0065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.55
Name of Employer	Occupation	Interest Income
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 286.99	

SUBTOTAL of Receipts This Page (optional)	▶	97.59
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 / 60	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. The Huntington National Bank		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 5065		Transaction ID: SA17.9197
City Cleveland	State OH	Zip Code 44101-0065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.07
Name of Employer	Occupation	Interest Income
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.06	

Full Name (Last, First, Middle Initial) B. The Huntington National Bank		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address P.O. Box 5065		Transaction ID: SA17.9211
City Cleveland	State OH	Zip Code 44101-0065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.85
Name of Employer	Occupation	Interest Income
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 342.91	

SUBTOTAL of Receipts This Page (optional)	▶	55.92
TOTAL This Period (last page this line number only)	▶	153.51

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 49 / 60	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Bill Thomas Campaign Committee		Transaction ID: SB23.9164 Date of Disbursement 09 / 19 / 2003		
Mailing Address PO Box 395		Amount of Each Disbursement this Period 4000.00		
City Bakersfield	State CA			Zip Code 93302
Purpose of Disbursement Donation - Check # 5213				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 21	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. BUSH-CHENEY 04 INC.		Transaction ID: SB23.9130 Date of Disbursement 08 / 07 / 2003		
Mailing Address P.O. BOX 10648		Amount of Each Disbursement this Period 5000.00		
City ARLINGTON	State VA			Zip Code 22210
Purpose of Disbursement Donation - Check # 5209				Category/ Type
Candidate Name				
Office Sought: House Senate <input checked="" type="checkbox"/> President State: District: 03	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Capito for Congress		Transaction ID: SB23.9162 Date of Disbursement 09 / 12 / 2003		
Mailing Address P. O. Box 11519		Amount of Each Disbursement this Period 1000.00		
City CHARLESTON	State WV			Zip Code 25339
Purpose of Disbursement Donation - Check # 5212				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: WV District: 02	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 50 / 60	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. CAROLE GREEN FOR CONGRESS		Transaction ID: SB23.9209 Date of Disbursement 12 / 23 / 2003
Mailing Address 9131 COLLEGE PARKWAY 13-B #217		Amount of Each Disbursement this Period 5000.00
City FORT MYERS	State FL Zip Code 33919	
Purpose of Disbursement Donation - Check # 5233		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: FL District: 14		

Full Name (Last, First, Middle Initial) B. CITIZENS FOR ARLEN SPECTER		Transaction ID: SB23.9129 Date of Disbursement 07 / 01 / 2003
Mailing Address 426 C STREET NE CARRIAGE HOUSE		Amount of Each Disbursement this Period 5000.00
City WASHINGTON	State DC Zip Code 20002	
Purpose of Disbursement Donation - Check # 5206		
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: PA District: 00		

Full Name (Last, First, Middle Initial) C. Citizens for DeWine		Transaction ID: SB23.9191 Date of Disbursement 11 / 06 / 2003
Mailing Address 508 Crisp Wind Ct.		Amount of Each Disbursement this Period 500.00
City Fairborn	State OH Zip Code 45324	
Purpose of Disbursement Contribution - Check # 5221		
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: OH District:		

SUBTOTAL of Disbursements This Page (optional)	10500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 51 / 60	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF BYRON DORGAN		Transaction ID: SB23.9165 Date of Disbursement 09 / 19 / 2003		
Mailing Address 122 Maryland Avenue NE Suite 3A		Amount of Each Disbursement this Period 2000.00		
City Washington	State DC			Zip Code 20002
Purpose of Disbursement Donation - Check # 5214				Category/ Type
Candidate Name				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: ND	District: D0			

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOHNNIE BYRD		Transaction ID: SB23.9167 Date of Disbursement 09 / 24 / 2003		
Mailing Address PO BOX 566		Amount of Each Disbursement this Period 5000.00		
City PLANT CITY	State FL			Zip Code 33564
Purpose of Disbursement Donation - Check # 5215				Category/ Type
Candidate Name				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: FL	District: D0			

Full Name (Last, First, Middle Initial) C. JOHN SULLIVAN FOR CONGRESS		Transaction ID: SB23.9131 Date of Disbursement 08 / 11 / 2003		
Mailing Address 6130 South Maplewood Suite B		Amount of Each Disbursement this Period 1000.00		
City Tulsa	State OK			Zip Code 74136
Purpose of Disbursement Donation - Check # 5210				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: OK	District: D1			

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 52 / 60	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Mike Bennett for Senate Campaign		Transaction ID: SB23.9170 Date of Disbursement 10 / 13 / 2003	
Mailing Address 7058 Hawks Harbor Circle		Amount of Each Disbursement this Period 500.00	
City Bradenton	State FL	Zip Code 34207	Category/ Type
Purpose of Disbursement Contribution - Check # 5217		Candidate Name	
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: FL	District: 21		

Full Name (Last, First, Middle Initial) B. Murphy For Congress		Transaction ID: SB23.9204 Date of Disbursement 12 / 01 / 2003	
Mailing Address P.O. Box 11721		Amount of Each Disbursement this Period 1000.00	
City Pittsburgh	State PA	Zip Code 15226	Category/ Type
Purpose of Disbursement Donation - Check # 5231		Candidate Name	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA	District: 18		

Full Name (Last, First, Middle Initial) C. NUSSLE FOR CONGRESS COMMITTEE		Transaction ID: SB23.9156 Date of Disbursement 08 / 20 / 2003	
Mailing Address P.O. Box 284		Amount of Each Disbursement this Period 1000.00	
City Davenport	State IA	Zip Code 52805	Category/ Type
Purpose of Disbursement Donation - Check # 5211		Candidate Name	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IA	District: 01		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 53 / 60			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. NUSSLE FOR CONGRESS COMMITTEE		Transaction ID: SB23.8190 Date of Disbursement 11 / 07 / 2003	
Mailing Address P.O. Box 294		Amount of Each Disbursement this Period 1000.00	
City Davenport	State IA		Zip Code 52805
Purpose of Disbursement Donation - Check # 5227			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IA	District: D1		

Full Name (Last, First, Middle Initial) B. PEOPLE FOR ENGLISH		Transaction ID: SB23.8195 Date of Disbursement 11 / 04 / 2003	
Mailing Address PO BOX 1940		Amount of Each Disbursement this Period 1000.00	
City ERIE	State PA		Zip Code 16507
Purpose of Disbursement Donation - Check # 5220			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA	District: D3		

SUBTOTAL of Disbursements This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	33000.00

**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)				PAGE 54 / 60	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Citizens for Householder		Transaction ID: SB29.9201 Date of Disbursement 11 / 18 / 2003	
Mailing Address 138 High St.		Amount of Each Disbursement this Period 2500.00	
City Glenford	State OH		Zip Code 43739
Purpose of Disbursement Donation - Check # 5229			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citizens to Elect James M. Hoops		Transaction ID: SB29.9132 Date of Disbursement 07 / 17 / 2003	
Mailing Address 114 Cedarbrook Drive		Amount of Each Disbursement this Period 500.00	
City Ottawa	State OH		Zip Code 45875
Purpose of Disbursement Donation - Check # 5207			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Citizens to Elect James M. Hoops		Transaction ID: SB29.9200 Date of Disbursement 11 / 13 / 2003	
Mailing Address 114 Cedarbrook Drive		Amount of Each Disbursement this Period 250.00	
City Ottawa	State OH		Zip Code 45875
Purpose of Disbursement Donation - Check # 5228			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 55 / 60	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Committee for Jim Hughes		Transaction ID: SB29.9194 Date of Disbursement 11 / 06 / 2003
Mailing Address 14 East Gay Street 2nd Floor		Amount of Each Disbursement this Period 500.00
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Donation - Check # 5225		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Category/ Type
State: District		

Full Name (Last, First, Middle Initial) B. Committee to Elect Schmidt		Transaction ID: SB29.9174 Date of Disbursement 10 / 21 / 2003
Mailing Address 771 Wards Corner Road		Amount of Each Disbursement this Period 2500.00
City Loveland	State OH Zip Code 45140	
Purpose of Disbursement Donation - Check # 5218		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Category/ Type
State: District		

Full Name (Last, First, Middle Initial) C. Friends of John Perzel Committee		Transaction ID: SB29.9207 Date of Disbursement 12 / 17 / 2003
Mailing Address P.O. Box 826		Amount of Each Disbursement this Period 1000.00
City Harrisburg	State PA Zip Code 17108	
Purpose of Disbursement Donation - Check # 5232		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Category/ Type
State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 56 / 60	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Friends of Tom Raga		Transaction ID: SB29.9133 Date of Disbursement 07 / 28 / 2003
Mailing Address 6325 Eagle Court		Amount of Each Disbursement this Period 1000.00
City Mason	State OH	
Zip Code 45040	Category/ Type	
Purpose of Disbursement Donation - Check # 5208	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. Friends of Tom Raga		Transaction ID: SB29.9189 Date of Disbursement 11 / 06 / 2003
Mailing Address 6325 Eagle Court		Amount of Each Disbursement this Period 1000.00
City Mason	State OH	
Zip Code 45040	Category/ Type	
Purpose of Disbursement Donation - Check # 5223	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. Friends of Ulysses Currie		Transaction ID: SB29.9196 Date of Disbursement 11 / 06 / 2003
Mailing Address 6621 Lacona Street		Amount of Each Disbursement this Period 250.00
City Forestville	State MD	
Zip Code 20747	Category/ Type	
Purpose of Disbursement Donation - Check # 5226	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 57 / 60	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Fumo for Senate Committee		Transaction ID: SB29.9203 Date of Disbursement 11 / 21 / 2003
Mailing Address 1208 Tasker Street 2nd Floor		Amount of Each Disbursement this Period 1500.00
City Philadelphia State PA Zip Code 19148		
Purpose of Disbursement Contribution - Check # 5230	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Husted for State Representative		Transaction ID: SB29.9193 Date of Disbursement 11 / 06 / 2003
Mailing Address 148 Sherbrooke Drive		Amount of Each Disbursement this Period 1000.00
City Kettering State OH Zip Code 45420		
Purpose of Disbursement Donation - Check # 5224	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Indiana Growth PAC		Transaction ID: SB29.9177 Date of Disbursement 10 / 30 / 2003
Mailing Address P.O. Box 4232		Amount of Each Disbursement this Period 20000.00
City Carmel State IN Zip Code 46082		
Purpose of Disbursement Donation - Check # 5219	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	22500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 58 / 60	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. Jacobson for State Senator		Transaction ID: SB29.9192 Date of Disbursement 11 / 06 / 2003	
Mailing Address 211 South Main Street Suite 61D		Amount of Each Disbursement this Period 1000.00	
City Dayton	State OH	Zip Code 45402	Category/ Type
Purpose of Disbursement Donation - Check # 5222		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Republican Senate Campaign Committee		Transaction ID: SB29.9643 Date of Disbursement 10 / 21 / 2003	
Mailing Address 57 East Gay Street		Amount of Each Disbursement this Period -2500.00	
City Columbus	State OH	Zip Code 43215	Category/ Type
Purpose of Disbursement Return of Check # 5203 from 5/27/03		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. The Huntington National Bank		Transaction ID: SB29.9134 Date of Disbursement 07 / 15 / 2003	
Mailing Address P.O. Box 5065		Amount of Each Disbursement this Period 13.90	
City Cleveland	State OH	Zip Code 44101-0065	Category/ Type
Purpose of Disbursement Monthly Service Fee		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	-1486.10
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 59 / 60	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. The Huntington National Bank		Transaction ID: SB29.9161 Date of Disbursement 08 / 15 / 2003	
Mailing Address P.O. Box 5065		Amount of Each Disbursement this Period 12.00	
City Cleveland State OH Zip Code 44101-0065	Purpose of Disbursement Monthly Service Fee Candidate Name		
Office Sought: House Senate President State: District		Disbursement For: Primary General Other (specify) ▼	
Category/ Type			

Full Name (Last, First, Middle Initial) B. The Huntington National Bank		Transaction ID: SB29.9172 Date of Disbursement 09 / 17 / 2003	
Mailing Address P.O. Box 5065		Amount of Each Disbursement this Period 12.20	
City Cleveland State OH Zip Code 44101-0065	Purpose of Disbursement Monthly Service Fee Candidate Name		
Office Sought: House Senate President State: District		Disbursement For: Primary General Other (specify) ▼	
Category/ Type			

Full Name (Last, First, Middle Initial) C. The Huntington National Bank		Transaction ID: SB29.9178 Date of Disbursement 10 / 15 / 2003	
Mailing Address P.O. Box 5065		Amount of Each Disbursement this Period 12.00	
City Cleveland State OH Zip Code 44101-0065	Purpose of Disbursement Monthly Service Fee Candidate Name		
Office Sought: House Senate President State: District		Disbursement For: Primary General Other (specify) ▼	
Category/ Type			

SUBTOTAL of Disbursements This Page (optional) ▶	36.20
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 60 / 60	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

Full Name (Last, First, Middle Initial) A. The Huntington National Bank		Transaction ID: SB29.9198 Date of Disbursement 11 / 17 / 2003	
Mailing Address P.O. Box 5065		Amount of Each Disbursement this Period 12.00	
City Cleveland	State OH	Zip Code 44101-0065	Category/ Type
Purpose of Disbursement Monthly Service Fee		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. The Huntington National Bank		Transaction ID: SB29.9199 Date of Disbursement 11 / 17 / 2003	
Mailing Address P.O. Box 5065		Amount of Each Disbursement this Period 55.00	
City Cleveland	State OH	Zip Code 44101-0065	Category/ Type
Purpose of Disbursement Checks printing charge		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. The Huntington National Bank		Transaction ID: SB29.9205 Date of Disbursement 12 / 15 / 2003	
Mailing Address P.O. Box 5065		Amount of Each Disbursement this Period 12.00	
City Cleveland	State OH	Zip Code 44101-0065	Category/ Type
Purpose of Disbursement Monthly Service Fee		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	79.00
TOTAL This Period (last page this line number only)	30629.10