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Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

SECRETA

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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name		
Organization HCR Manor Care		•
2. Address Check if different than previously reported		-
Address 333 North Summit Street, P.O. Box 10086		
City Toledo State C	OH Zip Code 43699-008	
5.00	Zip Code 40099-000	6 Country U
3. Principal place of business (if different than line 2)		
City State City State	Zip Code ip or Country	Country
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#
	ikel@hcr-manorcare.com	30906-1
7. Client Name Self		6. House ID#
HCR Manor Care		319170
10. Check if this is a Termination Report ☐ ☐ ☐ Termination Date INCOME OR EXPENSES - Complete Either Line 1		11. No Lobbying Ac
12. Lobbying Firms	13. Organi	izations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying ac were:	
Less than \$10,000	Less than \$10,000	in the second
\$10,000 or more	\$10,000 or more 🔀 🖒 \$	190,000
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Che accounting method. See instructions	
payments to the registrant by any other entity for lobbying activities on behalf of the client).		s using LDA definitions sunder section 6033(b)(Code
	Method C. Reporting amount Revenue Code	s under section 162(e) of
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Form C

Printed Name and Title M. Keith Weikel, Senior Executive Vice President and Chief Operating Officer

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Registrant Name	HCR Manor Care		Client Name HCR Manor Care
engaged in lobb	ACTIVITY. Select a pying on behalf of the requested. Attach add	client during the repo	ssary to reflect the general issue areas in which the rting period. Using a separate page for each coeded.
15. General issi	ue area code BUD - B	udget/Appropriations	(one per page)
16. Specific lob	bying issues	Ac	dd page to continue specific issues description for this issue
	urrent funding levels for odernization Act Regul		
17. House(s) of	Congress and Federa	l agencies contacted	Check if None
US Senate White House Department	f Representatives of Health and Human ch individual who acto Name Last Name Weikel		s issue area Add a page to continue additing lobbyists for Covered Official Position (if applicable)
Clifton	Porter		
David	Parker		<u></u>
Sue	Morey		
Nancy	Edwards		b
Diane	Johnson		
Sylvia	Messina		
Steven	Guillard		
***************************************			,
19. Interest of e	ach foreign entity in t	he specific issues list	ed on line 16 above Check if None

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	HCR Manor Care		Client Name HCR Manor Care
engaged in lobb	ying on behalf of the	s many codes as necesticated the codes as necesticated the reportant during the reportant the codes as necesticated as neces	ssary to reflect the general issue areas in which the rting period. Using a separate page for each conteded.
15. General issu	ie area code MMM - I	Medicare/Medicaid	(one per page)
16. Specific lob	bying issues	Ac	ld page to continue specific issues description for this issue
HHS Approp	uate Medicare and Me oriations Legislation odernization Act Regu	edicald Funding Iations (Institutional Ph	narmacy Implications)
17. House(s) of	Congress and Federa	al agencies contacted	Check if None
Department	of Health and Human	Services	
18. Name of each	ch individual who act Name Last Name Weikel	red as a lobbyist in thi	Covered Official Position (if applicable)
First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
First Name M. Keith	Name Last Name Weikel	Suffix	Covered Official Position (if applicable)
First Name M. Keith Clifton	Name Last Name Weikel Porter	Suffix	Covered Official Position (if applicable)
First Name M. Keith Clifton David	Name Last Name Weikel Porter Parker	Suffix	Covered Official Position (if applicable)
First Name M. Keith Clifton David Nancy	Name Last Name Weikel Porter Parker Edwards	Suffix	Covered Official Position (if applicable)
First Name M. Keith Clifton David Nancy Sue	Name Last Name Weikel Porter Parker Edwards Morey	Suffix	Covered Official Position (if applicable)
First Name M. Keith Clifton David Nancy Sue Diane	Name Last Name Weikel Porter Parker Edwards Morey Johnson	Suffix	Covered Official Position (if applicable)

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Registrant Name	HCR Manor Care		Client Name HCR Manor Care
engaged in lobb	ACTIVITY. Select as ying on behalf of the crequested. Attach addi	lient during the re	cessary to reflect the general issue areas in which the porting period. Using a separate page for each conceded.
15. General issu	te area code TOR - To	rts	(one per page)
16. Specific lob	bying issues		Add page to continue specific issues description for this issue
17. House(s) of US Senate	Congress and Federal Representatives	0.00	Non-economic damages ed Check if None
18. Name of each	ch individual who acted Name Last Name Weikel	d as a lobbyist in	this issue area Add a page to continue additing lobbyists for Covered Official Position (if applicable)
19. Interest of ea	ach foreign entity in th	e specific issues l	isted on line 16 above Check if None

Page 4

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20. Client new address		21 where registration	I IIIIOI IIIAUUII III	as changed.
Address	S			
City		State 2	lin Codo	Courte
	pal place of business (if different th	***************************************	Zip Code	Country
City		•	ip Code	Country
	ription of client's business or activi	***************************************		
LOBBYIST UPD				
First Name	reviously reported individual wh	O IS no longer expected First Name	to act as a lobbyis	
1		3		
2		4		
ISSUE UPDATE		Find the c	ode to select belo	
24. General lobbying	g issues that no longer pertain	r ind the c	ode to select beic	JVV.
AFFILIATED OF				- .
25. Add the followin	g affiliated organization(s)			
Name	e	Address		pal place of Busin and state or cour
	Address		City	
	C/S/Z		State	Country
	Address C/S/Z		City State	,,
26. Name of each pro	C/S/Z	hat is no longer affiliate	State	ent or client
26. Name of each pro	l	hat is no longer affiliate	State	ant or client
FOREIGN ENTI	C/S/Z eviously reported organization t TIES	hat is no longer affiliate	State d with the registra	ant or client
<u> </u>	C/S/Z eviously reported organization t TIES	Principal place of busi	State d with the registra 3 ness Amount of	Contribution Cong activities P
FOREIGN ENTIT 27. Add the followin	C/S/Z eviously reported organization t 2 FIES ag foreign entities Street Address Address	Principal place of busi	State d with the registra 3 ness Amount of	contribution C
FOREIGN ENTIT 27. Add the followin	C/S/Z eviously reported organization t 2 FIES ag foreign entities Street Address Address	Principal place of busi (city and state or coun	State d with the registra 3 ness Amount of	Contribution Cong activities P
FOREIGN ENTIT 27. Add the followin Name	C/S/Z eviously reported organization t 2 FIES g foreign entities Street Address City State/Province Continued to Continue Continued to Continue	Principal place of busi (city and state or coun City State Country	State d with the registra 3 ness Amount of for lobbyi	Contribution ng activities c
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FOREIGN ENTIT 27. Add the followin Name	C/S/Z eviously reported organization t 2 FIES g foreign entities Street Address City City State/Province Control on	Principal place of busi (city and state or coun City State Country no longer owns, or control	State d with the registra 3 ness try) Amount of for lobbyi s, or is affiliated w 5 6	Contribution ng activities c

