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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
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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 ManorCare		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1	333 N. Summit Street	PO Box	10086
City	Toledo	State	OH
		Zip Code	43699-0086
		Country	U.S.
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
	State/Zip or Country		
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Clifton J. Porter II	4192525515	CPorter@hcr-manorcare.com
7. Client Name <input checked="" type="checkbox"/> Self			5. Senate ID #
HCR ManorCare			23703-
			6. House ID #
			302010

TYPE OF REPORT 8. Year 2007 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date _____ 11. No Lobbying Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

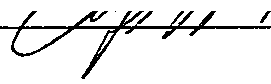
<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>94,500</u></p> <p>14. REPORTING METHOD. Check box to indicate expected accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Form

000012544

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Printed Name and Title Simon G. Peter II



LD-2DS (Rev. 4.04)

Registrant Name HCR ManorCare Client Name HCR ManorCare

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each co** information as requested. Attach additional page(s) as needed.

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Medicare and Medicaid Reimbursement

17. House(s) of Congress and Federal agencies contacted Check if None

US House of Representatives
United States Senate
Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

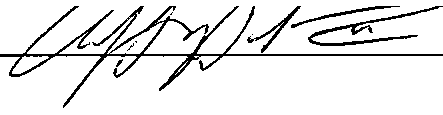
First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Clifton	Porter	II	
Jeff	Forbes		
Zachary	Williams		

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None



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Printed Name and Title Clifton J. Porter II



LD-2DS (Rev. 4.04)

Registrant Name HCR ManorCare Client Name HCR ManorCare

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code** information as requested. Attach additional page(s) as needed.

15. General issue area code BUD - Budget/Appropriations (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue* >

The 75% Rule
Pay for Performance Legislation
National Tort Reform Legislation

17. House(s) of Congress and Federal agencies contacted Check if None

US House of Representatives
United States Senate

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for*

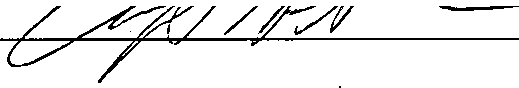
First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Clifton	Porter	II	
Jeff	Forbes		
Zachary	Williams		

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

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Add a page for a diff

Printed Name and Title Clifton J. Porter II



LD-2DS (Rev. 4.04)

Registrant Name HCR ManorCare

Client Name HCR ManorCare

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

1

3

2

4

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State Country
	Address	City
	C/S/Z	State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Other
	City	State/Province Country	City		
			State Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant affiliated organization

1

3

5

2

4

6

Add a page for more

Printed Name and Title Clifton J. Porter II

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