

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

SECRETARY OF THE S  
02 AUG 14 PM 3

## LOBBYING REPORT

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

1. Registrant Name <b>HCR Manor Care</b>				
2. Address <input type="checkbox"/> Check if different than previously reported <b>333 N. Summit Street, PO Box 10086</b>				
3. Principal Place of Business (if different from line 2) City: <b>Toledo</b> State/Zip (or Country) <b>OH 43699-0086</b>				
4. Contact Name <b>M. Keith Weikel</b>		Telephone <b>(419) 252-5502</b>	E-mail (optional)	5. Senate
7. Client Name <input checked="" type="checkbox"/> Self				6. House

**TYPE OF REPORT** 8. Year 2002 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 Activity

### INCOME OR EXPENSES – Complete Either Line 12 **OR** 13

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>380,000</u> Expenses (nearest \$20,000)
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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for descriptive information.
	<input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA defined accounting method.
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 162(e) of the Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code

Signature *M. Keith Weikel* Date 8/9/02  
Printed Name and Title M. Keith Weikel  
Senior Executive Vice President



Registrant Name HCR Manor Care Client Name Self

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

15. General issue area code BUD (one per page)

16. Specific lobbying issues

Medicare and Medicaid Reimbursement; SNF Cliff Issues; Hospice Care Legislation;  
Labor/HHS Appropriations legislation  
Nurse Staffing Legislation (S. 721, S. 1864, H.R. 3487, H.R. 4654)  
Bush Administration Medicare Reform and Prescription Drug Coverage Proposals  
Home Health Nursing & Reimbursement Issues (S. 1169, S. 326, H.R. 975, S. 383, H.R. 2157, S. 706).  
Nurse Immigration Legislation (S. 1259)  
Nursing Home Quality Issues  
Nursing Home Staffing Quality (S. 2879)

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

U.S. House of Representatives  
U.S. Senate  
Department of Health and Human Services

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

Name	Covered Official Position (if applicable)

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

Signature *M. Keith Weikel* Date 8/9/02  
Printed Name and Title M. Keith Weikel  
Senior Executive Vice President



Registrant Name HCR Manor CareClient Name Self**Information Update Page – Complete ONLY where registration information has changed.**

20. Client new address

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

City

State/Zip (or 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**ISSUE UPDATE**24. General lobbying issues previously reported that **no longer** pertain**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization (s)

Name	Address	Principal Place of Business (city and state or country)

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

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership in

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

Signature



Date

8/9/02

Printed Name and Title

M. Keith Weikel  
Senior Executive Vice President



Registrant Name HCR Manor Care Client Name Self

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

15. General issue area code MMM (one per page)

16. Specific lobbying issues

- Medicare and Medicaid Reimbursement; SNF Cliff issues
- Hospice Care Legislation
- Nursing home reimbursement, staffing and regulatory issues, including quality
- Medicare Reform (H.R. 3046, H.R. 3391, H.R. 4954)
- Bush Administration Medicare Reform and Prescription Drug Coverage Proposal
- Medicaid and FMAP issues
- Nurse Immigration Legislation (S. 1259)
- Nursing Home Quality Issues
- Nursing Home Staffing Quality (S. 2879)
- Medicare Skilled Nursing Beneficiary Protection Act (S. 2490)

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

- U.S. House of Representatives
- U.S. Senate
- White House
- Department of Health and Human Services

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

Name	Covered Official Position (if applicable)

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

Signature *M. Keith Weikel* Date *8/9/02*  
 Printed Name and Title M. Keith Weikel  
Senior Executive Vice President

