

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

04 FEB 24 PM 2:19

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
---	--

LOBBYING REPORT

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

1. Registrant Name HCR Manor Care			
2. Address <input type="checkbox"/> Check if different than previously reported sdfskjf kljfelkajf kljf,afd 333 North Summit Street, P.O. Box 10086			
3. Principal Place of Business (if different from line 2) City: Toledo State/Zip (or Country) Ohio 43699 - 0086			
4. Contact Name M. Keith Weikel	Telephone 419 - 252 - 5502	E-mail (optional)	5. Senate ID # 30906 - 140
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 31917069

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dec9. 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

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"/> ⇨ \$ _____ Income (nearest \$20,000)</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>140,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
---	---

Signature _____

Printed Name and Title _____

LD-2 (REV. 6/98)

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 registrant was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and provide the information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

*Medicare and Medicaid Reimbursement; restore \$ 1.8 billion Medicare Cliff
Labor / HHS Appropriations Legislation
House and Senate Medicare Prescription Drug Proposal
Nurse Reinvestment Act
HR 26: Extend Medicare Nursing Facility ADD-ONS for Two Years*

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)
<i>Keith Weikel</i>	

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

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev.6/98)

Page

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 registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

*Medicare and Medicaid Reimbursement; restore \$ 1.8 billion Medicare Cliff
Labor / HHS Appropriations Legislation
House and Senate Medicare Prescription Drug Proposal
HR 26: Extend Medicare Nursing Facility ADD-ONS for Two Years*

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)
<i>Keith Weikel</i>	

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

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev. 6/98)

Page

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 registrant was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and providing information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

HR 5 HEALTH Act : \$ 250,000 Cap on Non-economic Damages

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

*U.S. House of Representatives
U.S. Senate*

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

Name	Covered Official Position (if applicable)
<i>Keith Weikel</i>	

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

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev.6/98)

Pag

Registrant Name HCR Manor Care Client 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

Ann McDermott

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

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

Ann McDermott

3/10/10

Signature [Handwritten Signature] Date 11/10/07

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

Form LD-2 (Rev. 6/98)

Page