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

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30) ☐ OR Year End (July 1-Dec

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

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center"><b>12. Lobbying Firms</b></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"><b>13. Organizations</b></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>80,000</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of methods.</p> <p><input checked="" 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>
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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 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 (one per page)

16. Specific lobbying issues

*Medicare and Medicaid Reimbursement; Retain Medicare Rugs "add-ons"*  
*Labor / HHS Appropriations Legislation*  
*Medicare Modernization Act Regulations*  
*Nurse Reinvestment Act*  
*Avoid cuts to Medicaid and Medicare Funding*

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 Welkel</i>	

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



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 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; Retain Medicare Rugs "add-ons"*  
*Labor / HHS Appropriations Legislation*  
*Medicare Modernization Act Regulations*  
*Avoid cuts to Medicaid and Medicare Funding*

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 Welkel</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 \_\_\_\_\_

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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 TOR (one per page)

16. Specific lobbying issues

***HR 4280 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)
<b><i>Keith Weikel</i></b>	

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

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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

**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 Bu (city and state or co

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

Signature

*Mr. Kent Weir*

Date

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

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